415 E. Wilson Blvd., Hagerstown, Md. 21740

FOR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h. HOUR

HOURS

LAST

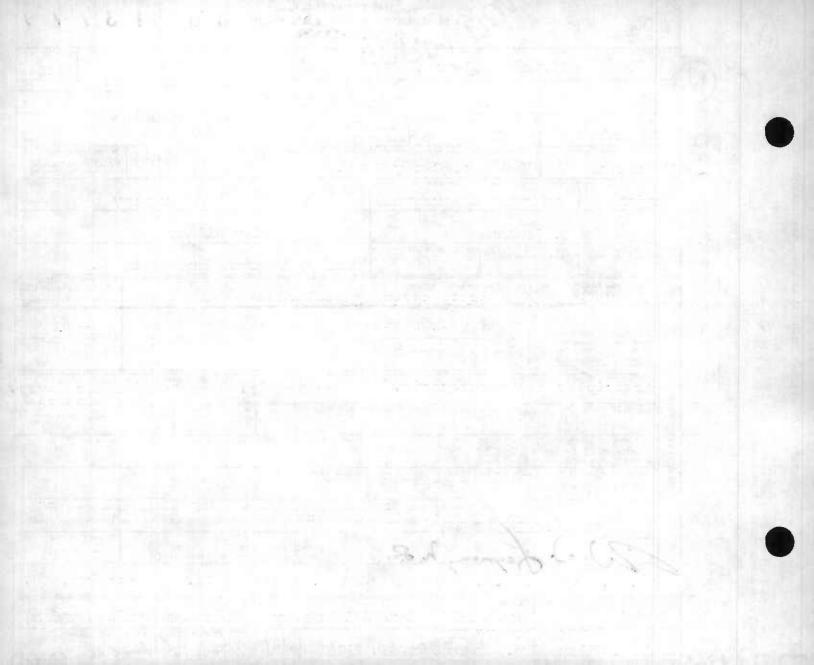
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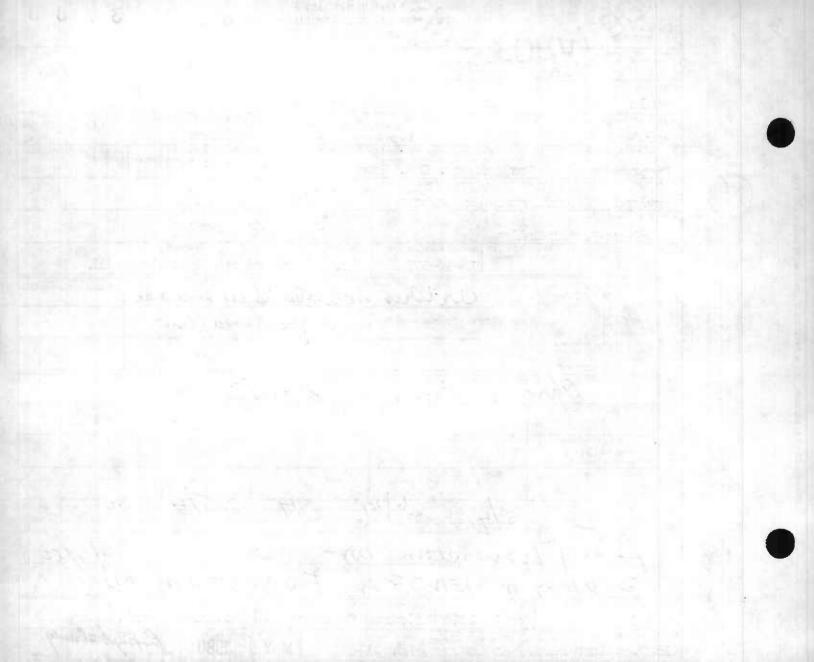
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IF UNDER 24 HRS



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		REGISTRAR	March March 1991	CERTI		REG. NO.		
be start the sta		CLYC		В	AILEY	May 4, 1980	DAY YEAR	2b. HOUR
nay be page 3	3 SE		4 RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
tor, after	n	nale	white	NOVE	mber 21, 1904		MONTHS DAYS	HOURS MIN
M out		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	DV2 1	ED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH	
E 25 2-74		aryland	USA	WIDOW	ED DNORCED	Washington		MD.
of the same		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU HENOT IN SUCH FACILITY, GIVES: Garlock Mem.	TREET ADDRESS)		12n. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF TEACHET		OF BUSINESS OR
	USU/ 13a S	AL RESIDENCE HE NURSING HOW TATE 13b C	ME OR OTHER INSTITUTION, GIVE RESIDENCE BOUNTY 136. CITY OR 1 Shington Hagers		134. INSIDE CITY LIMITS?	13a STREET ADDRESS Route 9		
X		THER'S NAME	Sining wir Tragers	COWII	15 MOTHER'S MAIDEN NA			
200 mild 200		Robert Leste	r Bailev		Rosalee Wol	.fe	LAS	ST .
T T T	léa. V	VAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRESS		
n and Pages	ly.	es, no or unknown! I if yes	214-10-	3752	Mr. Robert	Bailey, Hagerstow		10.30
certificate g physicia in papers. F removal.		PART I. DEATH WAS CA		La sui	Arlintin 1	Shew sels are	BETWEEN	MATE INTERVAL ONSET AND DEATH
ath ce ding p rbon p , or re iumati		41117 IMME	DIATE CAUSE (a)	OUENCE OF	E.C. MALLOT	-12-11-i		and the
atter atter ive ca ation ber tra		Conditions, if any, which	h ((b)		co yeu	in girine.		
The law requires that the death has been signed by the attendin rmit. Then please remove carbone prior to burial, cremation, or hows any injury, or other traum		gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE	EOUENCE OF			45.0	
equires agned b please burial,		PART 2 OTHER SIGNIFICA	Y CONDITIONS CONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 1	01
en sig	NO.	Co	brance 12	zun	Sympton	20.		
e has bee ermit. The shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERAT	ON WAS PERFORMED		S, WERE FINDIF	
	GERT	218 ACCIDENT WAS UNDERLYING	G 216. TIME OF INJURY			RED LENTER NATURE OF INJURY IN ITEM 18, P		
HYSICIAN physician. is certificat ial-transit piental Hygis or Item 18		OR CONTRIBUTING CAUSE OF	AL DEWIN	DAY YEAR				
ING PHY ending ph fter this c he burial- and Men arked or	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
or atto or atto OR: A use as 1 Health		22s I certify that (I) (this I	naspital) attended the deceased from		1979	10 5/4	1980	that (I) (we) fast
A AT spital sect for t. of tem 2			d not) view the bady after death.	19.00	DEGREE	death accurred on the date and hou		SIGNED
ITALOR A y the hospit RAL DIREC detached fo trate Dept. c		221 SIGNATURE	Tronerst	ein	ATTENDING	MEDICAL STAFF	5/1	180
TO HOSPITAL retained by the TO FUNERAL should be detac with the State		220 PHYSICIAN'S NAME (1	TYPE OR PRINT)	STE	22R ADDRESS	NKSTOWN.	TIM	
TO TO Show	220 1	BURIAL, CREMATION, REMO	DVAL 730 DATE	23c NAME OF	CEMETERY OR CREMATORY	734 LOCATION		
BP	1. 1	specifyi rial	May 7, 1980			Funkstown, Wa	sh., Ma	ryland
DHMH-16 25M	24 F	UNERAL DIRECTOR MINI	NICH FUNERAL HOME		25e. DA	TE REC'D. BY REGISTRAR 256. RESS	PAR'S SIN	Beach
(VRA 15, 4) 1/79	41	5 E. Wilson E	Blvd., Hagerstown	, Md.	21740 MA	Y 9 1980 July	1	

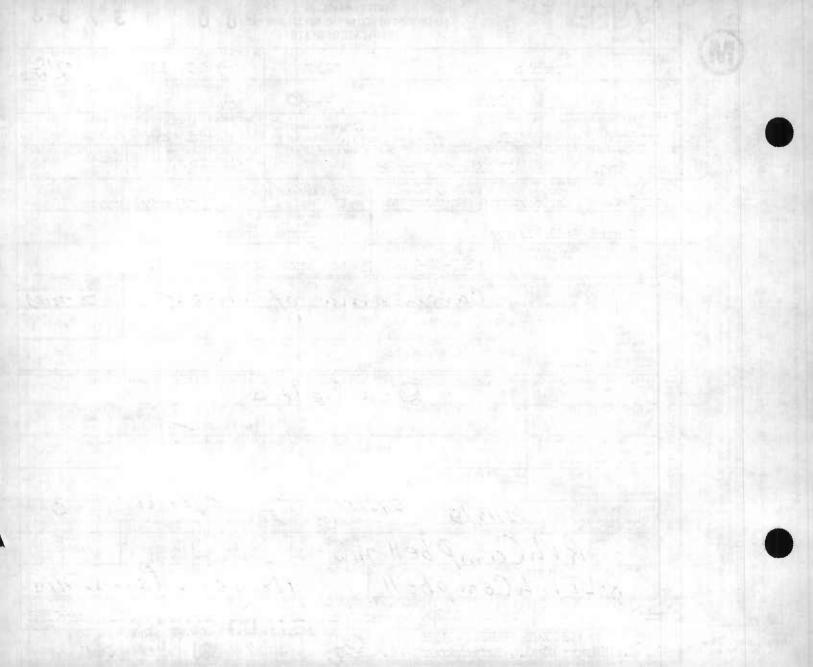
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



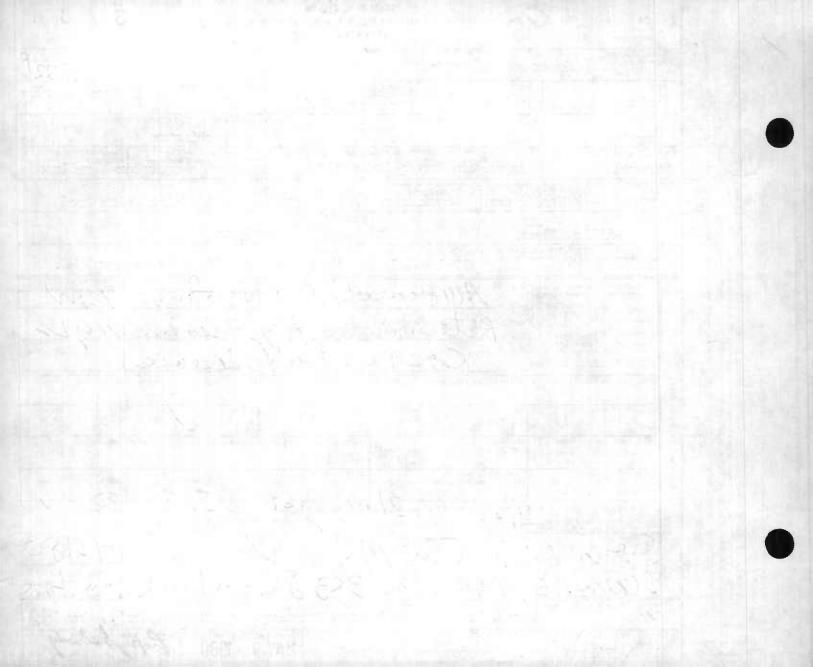
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10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH PACILITY, ONE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, ONE MESSIDENCE REFORE ADMISSIONIX) 130 STATE 130 STATE 130 STREET ADDRESS MADDIE ANDRESS ROUTE # 2 Box 18 INFORMANT INFORMA	p 2	C	Maryland		MARRIED LI NEVER MARRIE	Washington Cour	
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In Father's name In Mode In Mo	The same	13e 3	TATE 136 COUN	OTHER INSTITUTION, GIVERESIDENCE		ITS? 13. STREET ADDRESS	
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INO 217-12-1096 Belle V. Kroboth Hagors town Arbonware PART I. DEATH (Enter only one cause per line for 101, (b), ond (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IMPART 1(o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IMPART 1(o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IMPART 1(o) PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYTING CAUSES OF INCERTIFYTING CAUSES OF INCERTIFYT	E J			WAR OR DATES)		Route # 2 F	30x 18
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(VRA 15, 4) 1/79



2h. HOUR

HOURS

2ª DATE OF DEATH MONTH May 4, 1980

IF LINDER 24 HRS

IF UNDER I YEAR

12h, KIND OF BUSINESS OR INDUSTRY Construction

Mentzer

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

STATE

NO [

COUNTY

271 DATE SIGNED

5.6.80

25s. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR John H. Bast, Jr.

FOR

- STATE

Boonsboro, Md. 21713

STATE OF MARYLAND

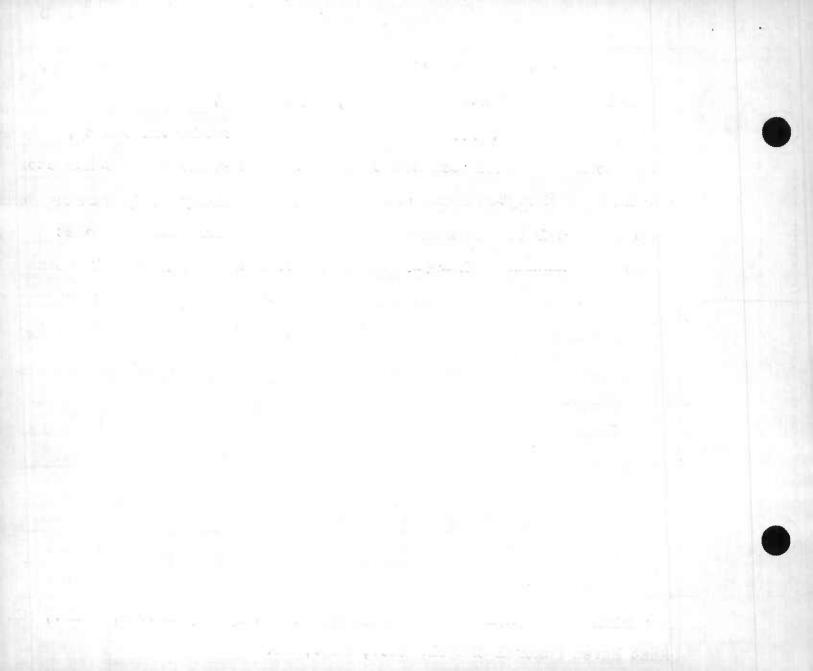
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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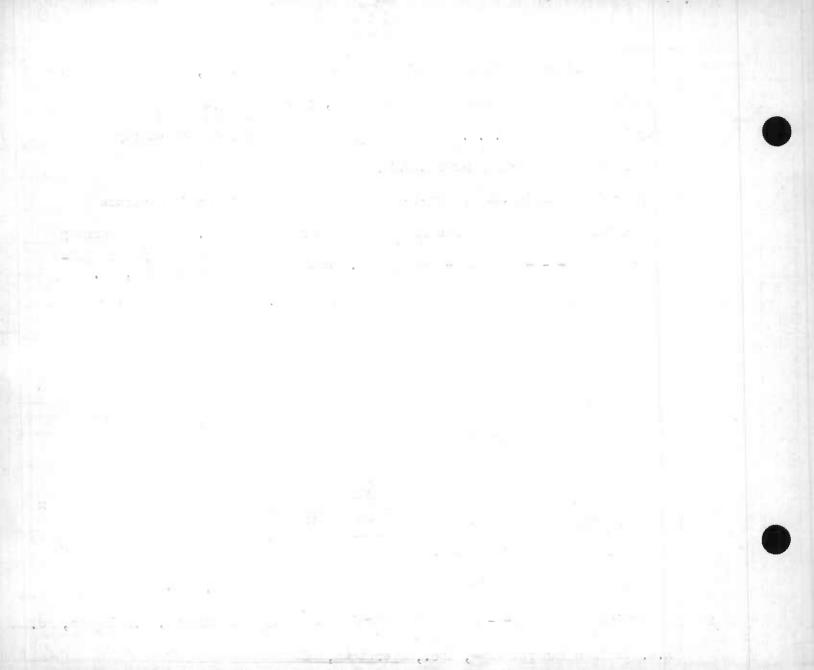
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REGISTR			OICAL EXAMINER'S		F DEATH REG. NO.		
1. DECEASED (TYPE OR PRINT)	•	Trwin	AMES	CAMERON	OF ESTI- DEATH MATED APR	8:0	
3. SEX	4 RACE WHITE	S. DATE OF BIRTH	YEAR LAST BIRTHDAY) MON		24 HRS. 2c. DATE MONTH MIN PRONOUNCED DEAD APRIL	21 19 80 8:0	
7a BIRTHPLAC	NTRY)	76. CITIZEN OF WH	MAR	RIED X NEVER MARRI			
HAGERST		WASH I NGTO	TITAL, NURSING HOME, OR OT ILITY, GIVE STREET ADDRESS) N COUNTY HOSPI		12a USUAL OCCUPATION (TYPE OF WORFORMOST OF WORKING LIFE) FARMER	OR INDUSTRY	
USUAL RESIDE 130. STATE VERMON	136 CC	OME OR OTHER INSTITUTION, GIV DUNTY DD SON	ERESIDENCE BEFORE ADMISSION) 13t. CITY OR TOWN BRANDON	13d. INSIDE CITY LIMITS? YES 🛣 NO 🔲	13e. STREET ADDRESS ROUTE #2		
Walt	er Jan	nes Came		15. MOTHER'S MAIDE FIRST JESSIE	ELLEN	LAST N EWTON	
(YES, NO, OR O	, , , , , , , , ,	GIVE WAR OR DATES)	009-05-5024		ADDRESS CAMERON, RT.#2, BR	ANDON, VT.	
gav	ditians, if any, when the control of	hich liate (b)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF	CLEROTIC CAR	RDIOVASCULAR DISEAS	SE YEARS	
	HER SIGNIFICANT CONDITI	IDNS CONTRIBUTING TO DEATH DI	UT NOT RELATED TO THE TERMINAL DISEA	ASE DR CONDITION GIVEN IN PA	RT T (a).		
	E OF OPERATION	196. CONDITI	ON FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY? YES NOX	
190. DAT	E OF OPERATION	19b. CONDITI	ON FOR WHICH OPERATION VIOLENTIAL PROPERTY OF THE PROPERTY OF	WAS PERFORMED?	D (ENTER NATURE OF INJURY IN ITEM 18 PART) OR	YES NOX	
WEDICAL SERVICE ALTERICATION ACTUAL SIGNAT	E OF OPERATION ERNAL CAUSE WAS INING OR BUTING CAUSE RY OCCURRED MOT WHILE AT WORK certify that I took chesulted fram:	S 21b. TIME OF HOUR A.M. OF DEATH 21e. PLACEO STREET, FACTO harge of the remains desc	ON FOR WHICH OPERATION VINJURY MONTH DAY YEAR 19 FINJURY (ATHOME, ORY, FARM, ETC.)	WAS PERFORMED? HOW INJURY OCCURRE OCATION STREET IPSY Inspection Hamicide Interpretable Interpret	D LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR CITY OR TOWN Inquiry, and in my Undetermined manner,	YES NOX	

TE MENTE A TOTAL TO A AND MANAGEMENT OF THE PARTY OF SEATTINGOUS YEARS OF THE LAND OF THE TRANSPORT The A TO A STATE OF THE SHARY TELEVISION OF THE ANALYSIS OF THE SECOND OF THE PARTY OF THE PAR THE P. LEWIS CO., LANSING, MICH. EDUATION A TEXTS OF THE STATE O TOTAL TAKE BETTER Y ... O RE T AUE.



	1-	FOR STATE REGISTRAR			DEPARTN	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		G. NO.	3 /	9 1
		CEASED NAME ORPRINT)	Lilli		Mae C	ARRO	LL	May 8		DAY YEAR	26 HOUR 7
	3 SE	female		RACE Whi	te	5 DATE O		6 AGE IIN YEARS LAS	ST BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	M	RTHPLACE ISTATE OR DUNTRY		US		WIDOWE			hington		MC
0	Hagerstown			Garloc.	k Nursing	Hame	OR OTHER INSTITUTION	17s USUAL OCCU (TYPE OF WORK FOR M		FE) INDUSTRY	company
5	Ma:	IL RESIDENCE (# NU TATE ryland	136 COUN		Hagersto	N	134 INSIDE CITY LIMITS? YES X NO 15. MOTHER'S MAIDEN NAM	13. STREET ADDR	W. Fran	klin St	reet
1			les F.	Ripple	LAST		Lula L. S	Smith		LAS	iT
		VAS DECEASED EVE ES, NO OR UNKNOWN)		AED FORCES? WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	Gladys Isano		erstown		MATE INTERVAL ONSET AND DEATH
	7	Conditions, if an gove rise to it cause (a), sto's underlying cou	y, which mediate ling the se last	DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR C	LAND	VEN IN PART 140	01
2	CERTIFICATION	19a DATE OF OPER	ATION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTA	S, WERE FINDING CAUSES	NGS USED OF DEATH?
1	CAL CER	210 ACCIDENT WAS U OR CONTRIBUTING (# EITHER, NOTIFY MED	CAUSE OF DEAT	IN .	FINJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18, F	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCU	WHILE	210 PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.[21f LOCATION STREET	CITY C	OR TOWN	COUNTY	STATE
		27a I certify that (saw the dece abave, (I) (we) 22b. SIGNATURE	sed alive an.	view the baby	19		d that in (my) (aur) apinion of	MEDICAL	STAFF _	ur and from the	
1		224 HYSICIAN'S	NAME (TYPE OF		70007		PHYSICIAN L	DIRECTOR PI	ITSICIAN [1 0/	4/0

23c. NAME OF CEMETERY OR CREMATORY

Rest Haven Cemetery

DHMH-16 25M (VRA 15, 4) 1/79

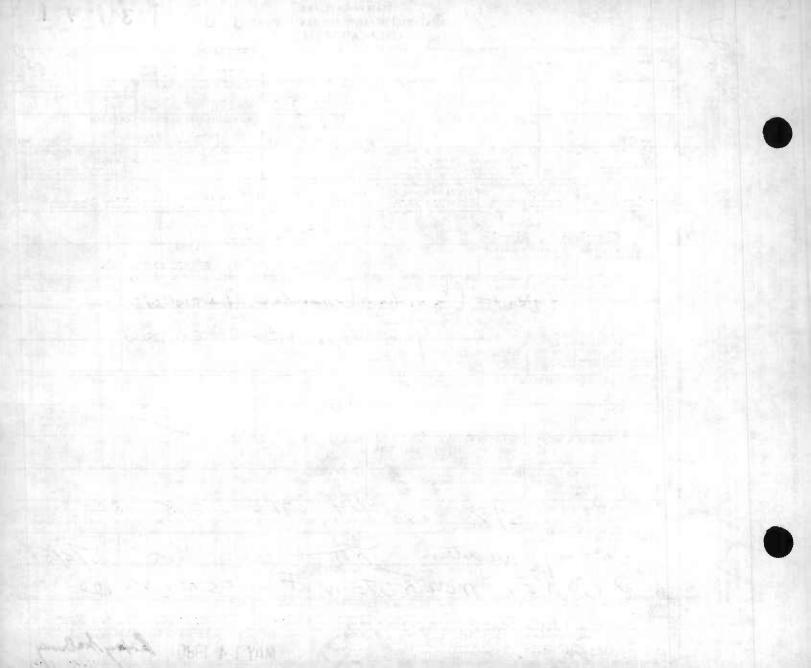
24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

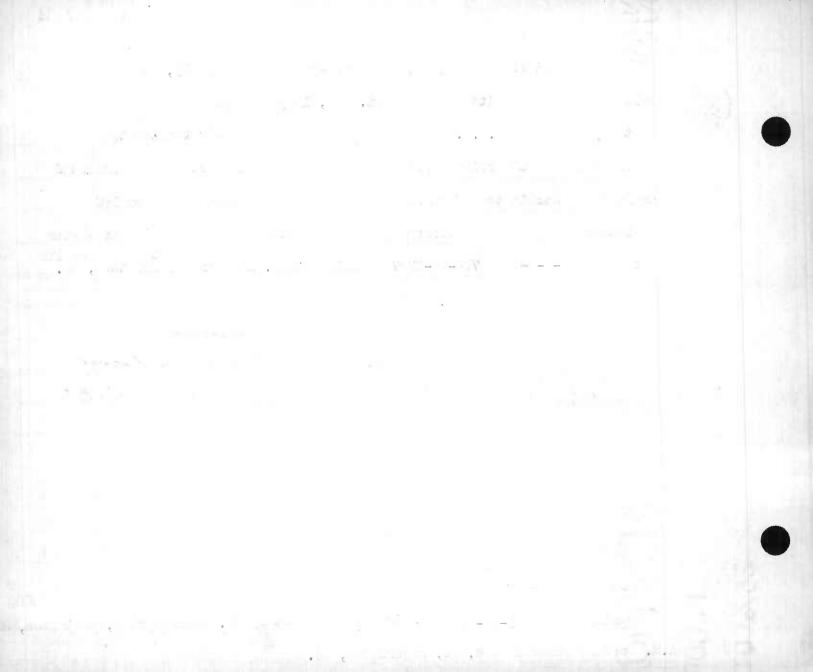
236. DATE

230 BURIAL, CREMATION, REMOVAL burial

12, 1980

13d LOCATION COUNTY Hagerstown, Wash., Maryland





FOR

- STATE

Washington 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY Housework 7 East Fifteenth Street Snoots Mrs. Tillie Engle, (Same as item # 13e) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗆 NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 50 and that in (my) (and opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN May 15, 1980 20760 16220 Frederick Rd. Gaithersburg. Maryland Frederick Smith DRFadeley, Keeney & Bastord Funeral Home DHMH-16 20M (VRA 15, 4) 7/7B 106 East Church Street, Frederick, Maryland

STATE OF MARYLAND

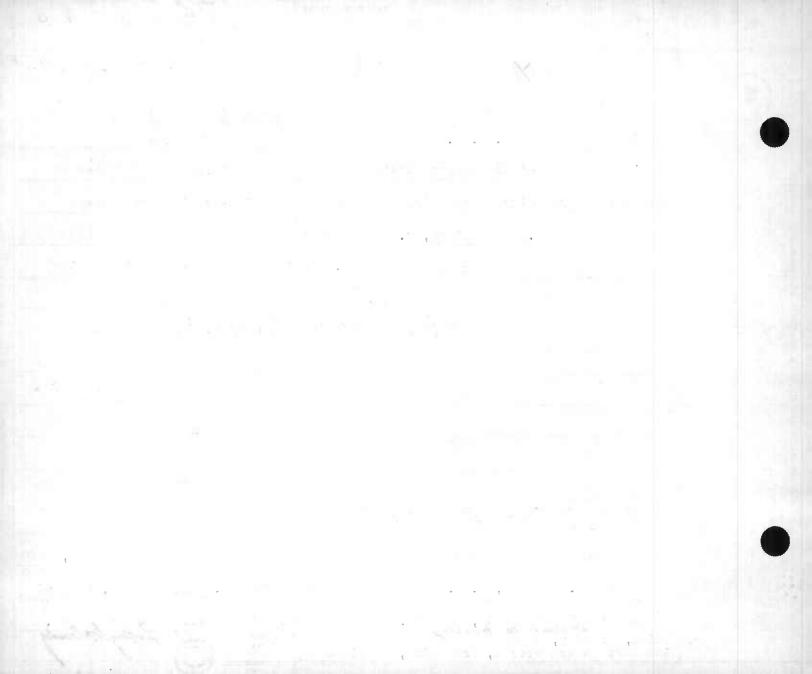
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

IF UNDER I YEAR

DAYS

IF UNDER 24 HRS

HOURS



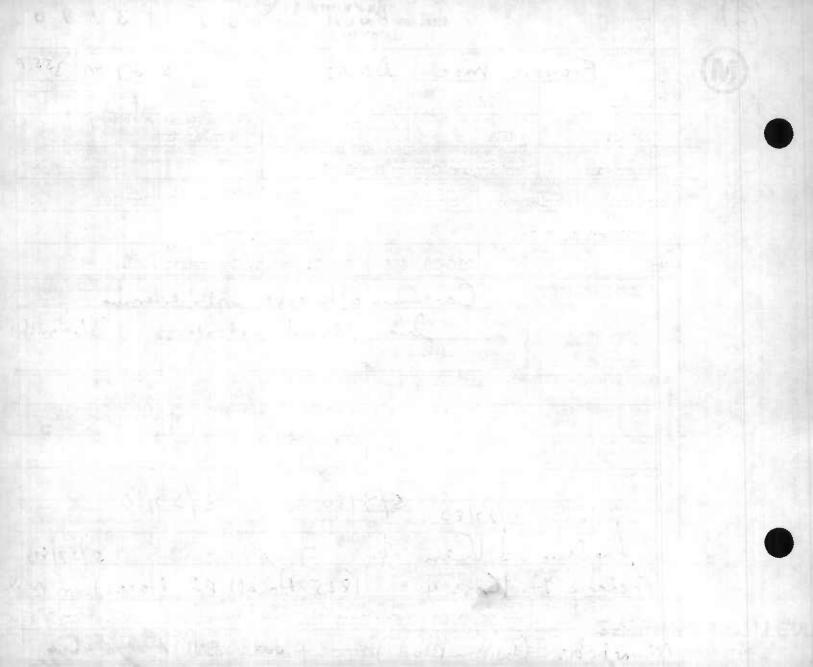
100	STATE OF MARYLAND
TR	1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0
100	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
1	DECEASED NAME FIRST MIDDLE LAST 20, DATE KNOWN MONTH DAY YEAR 26, HOUR (TYPE OF PRINT)
ļ	DORES L. COE DEATH MATED I MAY 10 1800 BIGM
ľ	SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 4. RACE MONTH DAY YEAR 24. HOUR
ŀ	F W Not 27 13 66 YRS. DEAD MAY 10 1980 3:3M
	To BIRTHPLACE (STATE OR FOREIGN COUNTRY) 7. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
	West Virginia USA WIDOWED D DIVORCED WASH MD. © CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS)
	Hagerstown 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Hagerstown 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY) OR INDUSTRY
I	JSUAL RESIDENCE (IF IN NUTSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 34 STATE 77
	Nest Virginia Ohio 13€ CITY OR TOWN 136 INSIDE (117 LIMITS? 136 STREET ADDRESS 136 STREET ADDRESS 24 Birch Avenue
į	A. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE LAST
	M. M. Spence Winefred Wyont
I	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) [IF YES, GIVE WAR OR DATES] 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
	232-62-9135 Mr. Robert Coe, Whelling, West Virginia
	18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY: APPROXIMATE INTÉRVAL BETWEEN ONSET AND DEATH
ı	MAREDIATE CAUSE (a) 5814 POSTVIAN STRUCK BY MORE WELKLE HRS
1	DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if any, which gave rise to immediate (b)
1	couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF
l	(c)
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
1	# MAY 10 50 Head in luny + Abd. Injunes YES NOW
	21c EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	JUNDERLYING FOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 1332M. MAY 14 180 HIT by SAN CHOSSIN RT 40
	214. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CRY OR TOWN COUNTY STATE
	WHILE AT WORK AT WORK A STREET, PACTORY, FARM, ETC.) STREET TWO WIS HOUCK WIND STATE
	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion
	deoth resulted from: Natural couses . Accident . Suicide . Hamicide . Undetermined monner .
	TITLE (SPECIFY)
	SIGNATURE M.D. DET MEDICAL EXAMINER SIGNED MAY 10, 1980
1	1/2/4/0/
	(TYPE OR PRINT) ADDRESS SEO NOTICULA AU HACISTOUN WASH. MIT)
İ	38 BURIAL CREMATION REMOVAL 1735 DATE 1237 NAME OF CEMETERY OR CREMATORY 1736 LOCATION
ı	burial May 14,1980 Greenwood Cemetery Wheeling, W. Va.
ĺ	24. FUNERAL DIRECTOR MINNICH FUNERAL HOME 256. DATE REC'D. BY REGISTRAR'S SIGNATURE OF A PAGE
	415 E. Wilson Blvd., Hagerstown, Maryland 21740 MAY 1 6 1980 Finding Real

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(VRA 15, 4) 1/79

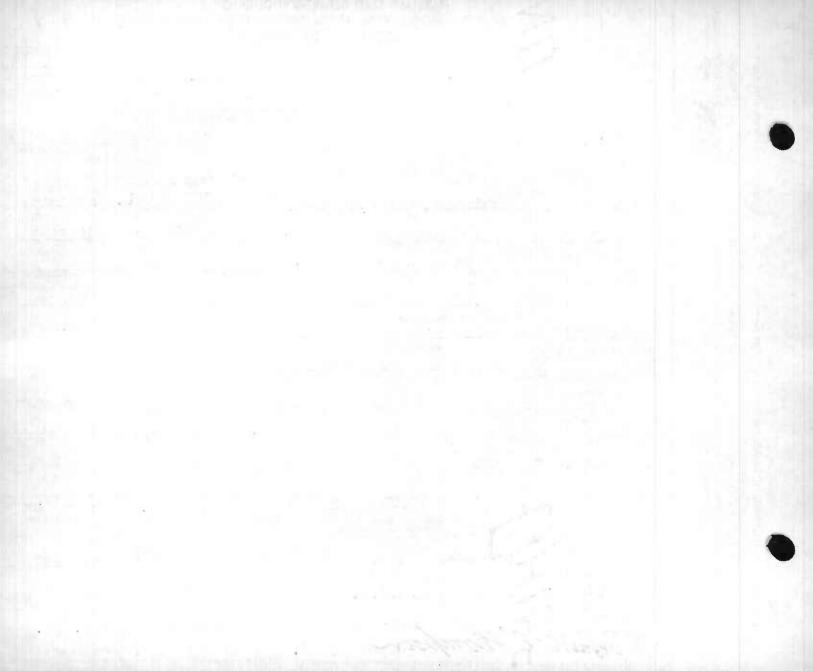


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	er death. funeral 1 and 2 er death.			CEASED-NAME First ype or print)	2 1 2-	Middle	CENTIFIC	Last		. DATE OF C	Month	Doy	Yeor	12 HOUR
	p = 0 0		3. SE	Eliza	4. RACE	Teresa		Dyer 15. DATE OF BIR	DTU	Ma	A AGE (In w	5	1980 IF UNDER YYEAR	IF UNDER 24 HRS.
	affer the th	PIS.		Female		ite		Jan.		20	6. AGE (In ye last birthda 60	y) YRS.	MONTHS DAYS	HOURS MIN.
-	Sin A	15年	7c.	IRTHPLACE (Stote or foreign	7b. CITIZEN O	F WHAT COUNTRY?	8. MADDIED	NEVER MARK		UNTY OF D			-	
	4 ha	26	tour	Maryland	USA		WIDOWED	DIVOR	CED		ningt	on		Md.
	cecuted within 24 campletely filled in nave carban paper by event, within 7		10 (TY OR TOWN OF DEATH Hagerstown USUAL RESIDENCE (Where deceas	1	1. NAME OF HOSPITAL OR IP live street address) Vashingtor	STITUTION (IF I	nat in haspital nty	during mast of house	warking li	fe, even if re	etired.)	12b. KIND OF INDUSTRY	BUSINESS OR
	ed car car	25	13a.	USUAL RESIDENCE (Where deceas	ed lived, if ins	titutian: Residence befare	13c. CITY O	R TOWN	13d. INSIDE CITY LIMITS?	13e. STRE	EET AND NUM	ABER		
	am am	0	GOIL	ssion) STATE Maryland	Wasl	nington	Hage	rstow	YES NO 🗌	30]			gham R	oad
	ony cany		14. F	ATHER'S NAME First	Midd	ie Last		S. MOTHER'S MA	IDEN NAME First		M	iddle		Lost
	be ar	211		William		Winfi	510	Maı	ry	F	Himme	r	Winf	ield
	ate ciar eas		160.	WAS DECEASED EVER IN U.S. ARM	NED FORCES?	Winf		INFORMANT			Ad	dress		
	it the death certificate be ex the attending physician and ist permit. Then please rem nation, ar removal, and ig an	1	(Y	es, no, or unknown) (If yes give w	ar or dates of service	217-10-1	206	Joseph	n Dver	301 N	Votti	ngha	am Rd.	MATE INTERVAL
	cert g pl			18. CAUSE OF DEATH (Enter on	v one rouse p								APPROXI	MATE INTERVAL INSET AND DEATH
	din din			DADT I DEATH WAS CALISED	DV.								hou	
	dea ten rmi rmi			11 2 1 IMMEDIA		Cerebral		llar A	ccident				1100	ILS
	he al			Conditions, if any, which gave		OR AS A CONSEQUENCE OF							yea	rs
	at the the nsit			rise to immediate cause (a),	(b)	Arterios	lero	sis-					1 2 0 0	
	equires that the death certificate be executed values. Physician. Signed by the attending physician and camplets burial-transit permit. Then please remove carburial, cremation, ar removal, and its any event,		Н	stating the underlying couse lost.	DUE 10,	OR AS A CONSEQUENCE OF								
	uire hysi gne Jrria			PART 2. OTHER SIGNIFICANT COM	ITIONS CONTI	RIBUTING TO DEATH BUT I	OT RELATED T	O THE TERMINAL	DISFASE OR CONDIT	TION GIVEN	IN PART 1(n)	1		
	4. The law requires the ar attending physician. Ite has been signed by use as the burial-transalth priar ta burial, creath priar ta burial, creath priar ta burial, creath		2	Diabetes	DITIONS CONTI	NIDOTINO TO DEATH BOTT	TOT RECEIVED T	O THE TERMINAL	bistor on control					
	law hee	-	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20o. AUTO	PSY?			NDINGS CO	ONSIDERED IN C	ERTIFYING
	The atte	04	JE C					YES 🗌	NO 🖵	CAUSES	OF DEATH?			
	CIAN: oital ar tificate d far us of Healt	9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DE	ATH HOUR A			IOW INJURY OCC	URRED (Enter natu	re of injury	in Port 1 or	Port 2, I	tem 18.)	1 8 0
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remarve carban papers. The should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and ja any event, within 7 memorate death.			of work of work		RY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	1			,	or Town		County	Stote
	by therefree be state			22a. I certify that (I) to	k ktokotka	attended the decea	ed fram.C	ct	, 19_65	, to	lay	5, 19	80 , that	(I) type) lost
	R: A uld			22a. I certify that (I) tales saw the deceased a causes stoted above	live an e.(I) (weikis	May 5	body ofter	id that in (my death.	λ) (ॐñ⅓ obiuiau	death a	ccurred on	the da	te ond hour	and tram the
	ATI Specification of the specification of the speci			22b. SIGNATURE	1 1	(0.0)	51					22c. [DATE SIGNED	
	DR. G. S. S. d. W. d. W.			6/4/1	Mal	M M	.D. DEG	REE PHYS.	IG MED.	OR	STAFF PHYS.	Max	6, 1	980
	V by	1		22d. PHYSICIAN'S				22e. ADD				r race y	0,1	200
	4 may NERAL I tar, pag	- 1		NAME (Type) Howard	N. W	leeks. M D	D 7	580	Norther	n Av	enue	Hac	ore	MD
	O HOSPITAL Page 4 may O FUNERAL directar, pag		23o	BURIAL, CREMATION, 236	DATE	23c. NAME OI	CEMETERY OF	R CREMATORY	230	. LOCATION	V (City or To	wn)	(County)	(State)
	Page O FUN direct shoul			BUYAL(Specify) Ma	77.5	4	ar La				,	,	, , , ,	
	,		24	EUNERAL DIRECTOR	16 1	ADDRES.	ar ra	WII	2Sa. REC'D BY REC	GISTRAR	25b. REC	STRAR'S	STENATURE	rid.
	VR A1: 25m-1	5 (4) 1/70	TT W	omuson Fine	STOR	the Crear	sprin	ig. Md.	DAMAYL	1980			Melvo	why
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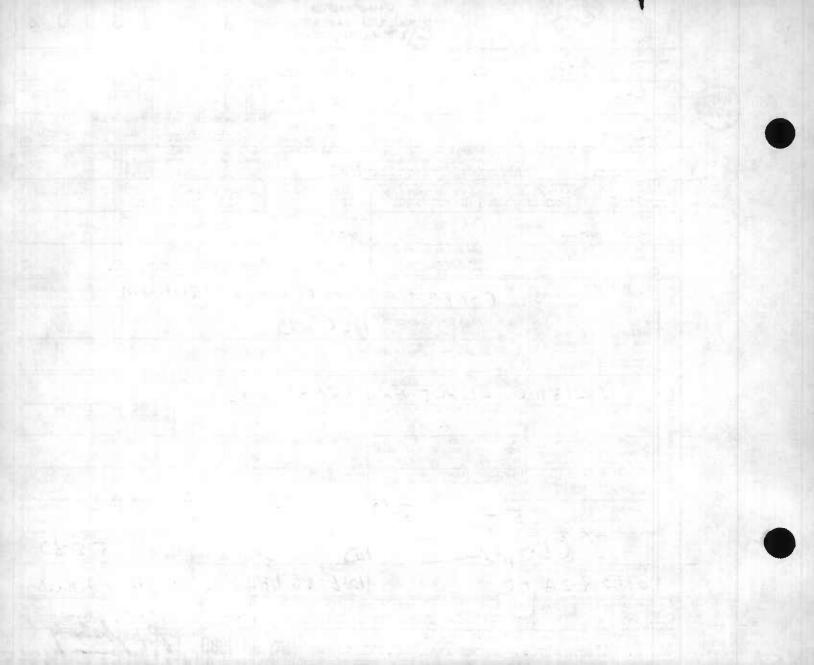
The Market of the State of the

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH		1 3	3 8	0
		CEASED NAME FIRST	MID	DLE	LAST	20 DATE OF DEAT	MONTH DA	Y YEAR	2b HOUR
	(TYPE	Laura	Irene	Ecobona		May 30	. 1980		12:20 M
	3. SE		4 RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST	,	F UNDER I YEAR	IF UNDER 24 HRS
		Female	White	Sept	H DAY YEAR	81		ONTHS DAYS	HOURS MIN.
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY? 8		9 BALTIMORE CIT	1110	OF DEATH	
15	(Penna.	USA	MARRIE	D NEVER MARRIED L	Washin			MD.
9	10 C	Hagerstown		OSPITAL, NURSING HOME COACILITY, GIVE STREET ADDRESS)	or other institution	120 USUAL OCCUP (TYPE OF WORK FOR MO housew	ATION		
5	13a :	AL RESIDENCE (IF NURSING HOME O STATE 13b COU Bryland Wash	NTY 13	ve residence before admission) 34 CITY OR TOWN Hagerstown	13d INSIDE CITY LIMITS?	13. STREET ADDRE	ss zabeth	St.	
11	14. F/	Richard K.	Ellio	++ LAST	15. MOTHER'S MAIDEN NAME FIRST	MIPDL	idie	LAS	51
11	160 V	WAS DECEASED EVER IN U.S. AF		SOCIAL SECURITY NO.	17 INFORMANT		DDECC	Clin	- h - 4 h - CA
1	(1		E WAR OR DATES)	213 92 7219		ce V. Sa	3 L	gersto	
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		e for (o), (b), and (c)				BETWEEN	MATE INTERVAL ONSET AND DEATH
			TE CAUSE (0)	Cerobrol	Infar fine	۷		60	ass
		14349	DUE TO, OR A	AS A CONSEQUENCE OF	, , , ,				
		Conditions, if ony, which gove rise to immediate	(16) A	AS A CONSEQUENCE OF		i'L vosec	clar-	20	Year-c
		couse (a), stoting the underlying couse lost							
	z	PART 2 OTHER SIGNIFICANT				INAL DISEASE OR C	ONDITION GIVE	N IN PART 1	0)
	CERTIFICATION	190 DATE OF OPERATION	19b CONDITK	ON FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
2	IFIC					YES NO		ING CAUSES	OF DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ALITY .	MONTH DAY YEAR	216 HOW INJURY OCCURE				1 10
7	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF		211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
		22a.1 certify that (I) (the base sow the deceased alive or observe, (I) (we) (did) (did no	1/2 as 31	O 19 FU OI	nd that in (my) (aux) apinion (to 46	e dote and hour		that (I) (we) lost couses stated
		22b. SGNATORE	v-Dix	10 at 40	DEGREE ATTENDING PHYSICIAN	MEDICAL S	STAFF YSICIAN [May	31, USO
1		Edward W	Ditto	III MO	212 Wwwshi	instone st.	Hosers	Howa, 1	40 21740
	23a. (BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	(OUNTY	STATE
	E	Burial	6-2-8	O Rose H	Hill Cemeter		rstown.	Mary	vland
	24 F	UNERAL DIRECTOR	30	5 Nomess Potoma		REC'D. BY REGISTR		May Me	Cready
	Ge	erald N. Minn	ich Had	gerstown, M	Maryland JU	11 4 150	0	/	/

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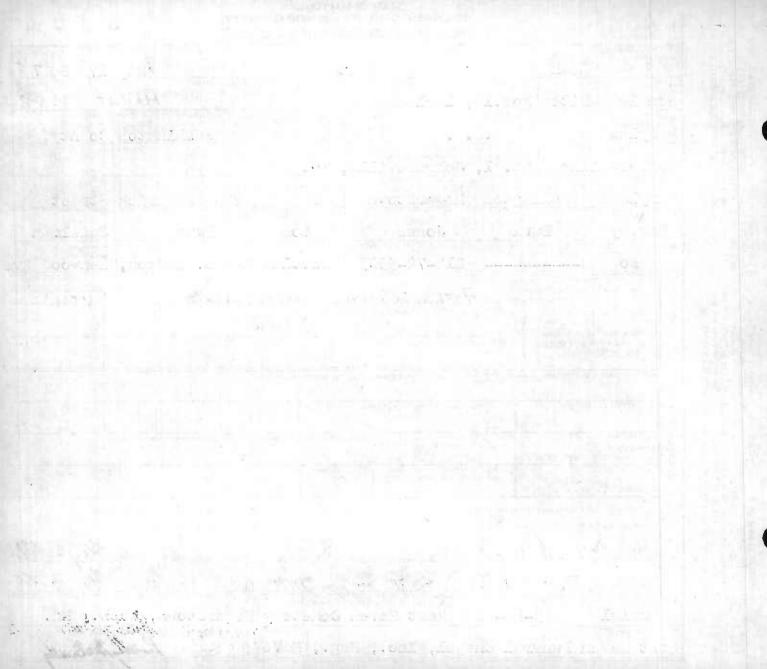
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FOR - STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The state of the s Branch of Steam and the control of Steams

		FOR			DEPARTMENT O		AARYLAND I AND MENTAI	HYGIENE	n	1 7	9 0	A
		STATE REGISTRAR			DICAL EXAM			6.1	REG.	NO.	0 0	-4
		EASED NAME	FIRST		MIDDLE		LAST	20. DA	TE KNOWN	MONTH	DAY YEAR	26. HOUR
1			Leah	Ma		Fai			OF ESTI-	May	17 19 80	7 PM
	3. SE)		4. RACE	5. DATE OF BIRTH	YEAR LAST BIRT	YEARS IF UN		MIN. PRON	OUNCED	MONTH	DAY YEAR	2d HOUR
		emale	White	Nov. 18	, 1891 88	YRS.			LTIMORE CITY	Maya	19 50	SAM
1	FO	REIGN COUNTRY)					IED NEVER MA	RRIED 🔲		_		
+		TY OR TOWN		U.S	• A • SPITAL, NURSING HO	ME OR OTH			Vasnin		County 12b. KIND OF BL	
I	Ro	hrers	ville	Rt. 1.	Rohrers	iS)		FOR MOST OF	WORKING LIFE)	THE OF WORK	OR INDUST	RY
į		L RESIDENCE	(IF IN NURSING HOME O	R OTHER INSTITUTION, G	134. CITY OR TOWN	ISSION)	13d. INSIDE CITY LIMITS	? 13e STREET AL	DRESS			
l		rylan	d Wash	ington	Hagersto	own	YES X NO		Frede	rick	Street	
I		THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE			
l		larvey		urk	Jones		Lou	I	Imma		Spielm	an
ĺ	16a V (YI	S, NO. OR UNKNO	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECU		17. INFORMANT		ADDRE		1200	
-		No			212-74-9	1505	Mrs.Cla	audine S	. Hud	son,G		
l		18 CAUSE O PARTIDE	F DEATH (Enter onli ATH WAS CAUSED	y one couse per line BY:	e for (o), (b), ond (c).)	1 .	1	/.			APPROXIMATI	E INTERVAL T AND DEATH
ı		429	IMMEDIAT		TATILLO SC RAS A CONSEQUENC	LIVEY	ic Card	iobusa	las		Year	J
1			s, if any, which	1	TAS A CONSEGUENC	LOI	0,34	ese			4	
١		couse (a)	e to immediate stating the <u>under-</u>	DUE TO, OF	R AS A CONSEQUENC	E OF	2000					
1		lying cau	se lost.	(e)							Horse	
١		PART 2 OTHER SIG	GNIFICANT CONDITIONS C	ONTRINUTING TO DEATH	RUT NOT RELATED TO THE T	ERMINAL OISEAS	E OR CONDITION GIVEN IN	PART 1 (a).				
	CERTIFICATION											
ı	ICAI	19a. DATE OF	OPERATION	19b. CONDI	ITION FOR WHICH OF	PERATION W	AS PERFORMED?				20 AUTOPSY	?
ł	RTIF	21a EYTERNA	L CAUSE WAS	21b. TIME O	E IN ILIDY	T21- 14	OW INTRIBUTOR	222			YES 🗌	NO 🗗
ĺ	AL CE	UNDERLYING	OR	HOUR A.A	A MONTH DAY YE	AR ZIC. H	OW INJURY OCCUR	KED LENTER NATURE	OF INJURY IN ITEM	15 PART 1 OR PAI	RT 2)	
	MEDICAL	21d, INJURY C			A. 19 OF INJURY (AT HOME,	21f. LO	CATION					
	A	WHILE AT WORK	NOT WHILE	STREET FAC	TORY, FARM, ETC.)		TREET	CITY	OR TOWN	COL	YTAL	STATE
١				- A share and a share sh				tion 🗷 , Ing	. 🗆			
		death resulte		of the remains de-	scribed abave, held or	Suicide	sy 🔲 , Inspec	tion (A) Inq		and in my op	inion	
		Geom resulte	Notor	Coses L3.) ACCIDENT LLI,	Juiciae [[ITLE (SPECIFY)	, Undetermine	a manner [٠,		
		ACTUAL SIGNATURE	dward	/W. X	i XW at		D. Debutu	MEDICAL E	XAMINER	DATE	May 2	0,1900
		-	-	1	2.4		21.1		A PONTINE I	11	1	
1		EXAMINER'S (TYPE OR PRIN	IT) LAW	ard W.	Vitto I	- Mc	DDRESS 2/2	W. Wosh	· St-1	Vog-	110 2	1250
				B. DATE	23c. NAME OF C	EMETERY C	Cemeter	23d. LOCATIO	N T	Turcoun	h., Md	TATE
		Buria.		5-20-80	Rest	aven		y Hager			GNATURE	•
	Re	st Ha	ven Fun	eral Ch	apel, Ind	н	ag., Md		188	A STATE OF THE STA	A D	
į		20 110	TOTT TOTT		~p~~,	, , ,,	~0.1	171 6 3 13	00		AND ALL	-



James Kreps FOCKLER May 8, 1980 3 SEX			FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		3 8	0 5
SEX RACE STATE OF DRITH April 11, 1904 April 12, 1904 April 12			OR PRINT)	FIRST	MIDDLE					DAY YEAR	2b. HOUR
Maryland SERREFIELD Maryland Marylan											12:3
The control of the				4 R		MONTH	DAY YEAR	6 AGE JIN YEARS LAST BIRT			
Maryland USA Washington					white	Apri	1 11, 1904		YRS.		
Hagerstown Washington Country Hospital USUAL RESIDENCE IF HURSHO CHARGE ASSISTATE TACK TO ADMISSION OF THE PROPERTY OF THE P	15	C	OUNTRY)							OF DEATH	
USUAL RESIDENCE IF MURSONG OND CONTRER POSITION OF A PASSON ADMISSION. 18 STATE JAB COUNTY Maryland Washington Hagerstown	19	271			NAME OF HOSPITAL, NURSING A POLIN SUCH FACILITY, GIVE STREET A Shington Count	G HOME C DDRESS) Y HOS	pital	(TYPE OF WORK FOR MOST C	F WORKING LIFE	E) INDUSTRY	
Iterates name Iterates Iter	35	130	STATE	136 COUNTY	113c CITY OR TOWN	V		13e. STREET ADDRESS			
Test of the part	10	14 F	FIRST	MIDD	IE LAST		FIRST	ME			
PART 1. DEATH WAS CAUSE (a) Cerebrovascular accident, thrombotic 23 da	(YES, NO OR UNKNOWN) IF YES, GIVE WAR				COR DATES					, Md.	
Hypertensive cardiovascular disease. 198 DATE OF OPERATION			Conditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the lost	DUE TO, OR AS A CONSEQUE (b) Cerebral DUE TO, OR AS A CONSEQUE	vasc NCE OF athe	erosclerosis	3		yea:	days
OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK AT WORK AT WORK 22e.1 certify that (II (this haspital) attended the deceased from 4/11/80 19 to 5/8/80 19 that saw the deceased alive an 5/8/80 19 and that in (my) (aur) apinian death accurred an the date and haur and from the cause above. (I) (**********************************		N						INAL DISEASE OR CON	DITION GIV	EN IN PART 1	01
OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 218 INJURY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK AT WORK AT WORK 220 I certify that (I) (this haspital) attended the deceased from 4/11/80 19 to 5/8/80 19 that saw the deceased alive an 5/8/80 19 and that in (my) (aur) apinian death accurred an the date and haur and from the cause above. (I) (**********************************	9	TIFICATION							IN CERTIF	YING CAUSE	
22e.1 certify that (I) (this haspital) attended the deceased from 4/11/80 19 to 5/8/80 19 that saw the deceased alive an 5/8/80 19 and that in (my) (aur) apinian death accurred an the date and haur and from the caus above. (I) (**********************************	9		OR CONTRIBUTING	AUSE OF DEATH	HOUR A.M. MONTH DA		21c HOW INJURY OCCUR	ED JENTER NATURE OF INJU	RY IN ITEM 18, P.	ART 1 OR PART 2)	
saw the deceased view an 5/8/80 19 and that in (my) (aur) apinian death accurred an the date and haur and from the caus above. (1) (**********************************		MEDI	WHILE O NOT WH	ILE [IRM, ETC J	211 LOCATION STREET			COUNTY	STATE
DEGREE ATTENDING MEDICAL STAFF 5/9/8 PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN			row the decease	d alwa an	5/8/80		. 17			r and from the	, that (I) (we) f causes stated
PHYSICIAN & DIRECTOR PHYSICIAN 5/9/8			226 SIGNATURE	21	1			A 11	try (a)	22c. DATI	SIGNED
224 PHYSICIAN'S NAME [TYPE OR PRINT] 220 ADDRESS			6/1.	1.01-00	man for D.		PHYSICIAN X	MEDICAL STA	FF IAN 🗌	5/9	/80
W. T. Layman, M.D. 301 E. Antietam St., Hagerstown		1	226 PHYSICIAN'S NA	ME TYPE OR THE	NT)						

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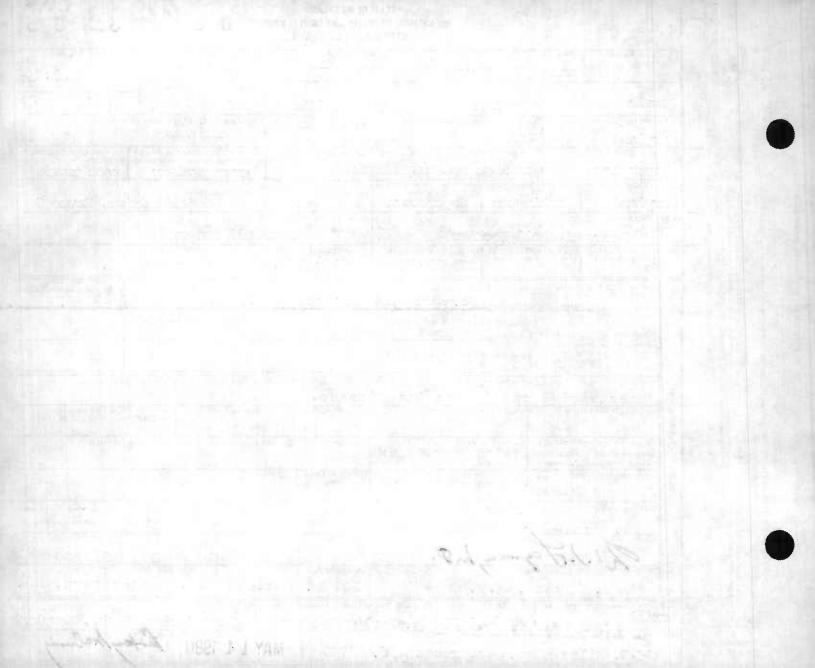
236. BURIAL, CREMATION, REMOVAL bufferal

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

236. DATE

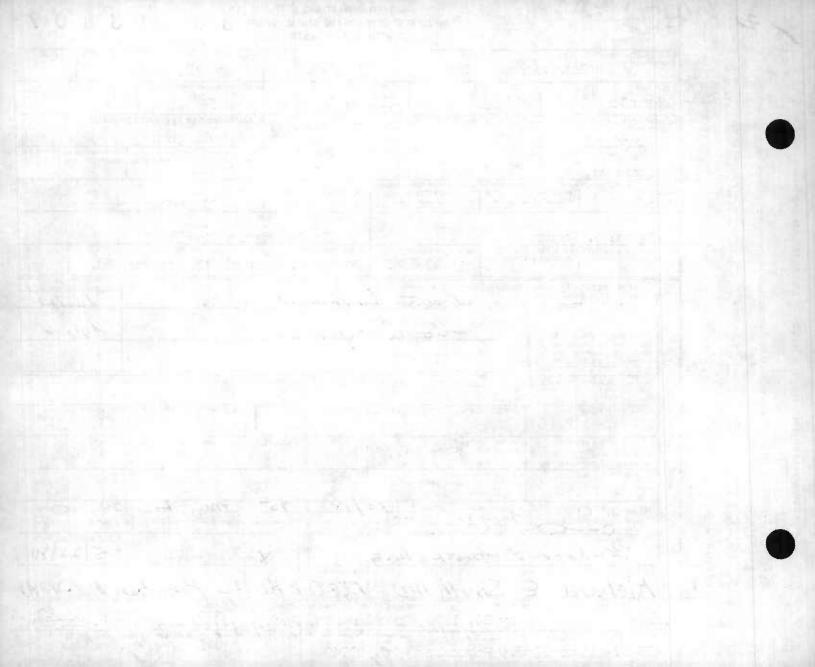
May 10,1980 St. Paul's Cemetery

23c NAME OF CEMETERY OR CREMATORY

tery | Clear Spring, Wash., Maryland
| May 1 4 1980 | Clear Spring | County | County | Clear Spring | County | Clear Spring | County


		CEASED NAME FIRST MARY	KEEDY	FOCKLER	20 DATE OF DEATH	5 - 24-	YEAR 26. HOUR
ter d	3 SE	X	4 RACE	S DATE OF BIRTH	6. AGE IN YEARS LAST BIRT	HDAY) IF UNDER	
ouce		Female	White	Nov. 24, 1895	84	YRS	
35	C	Maryland	7b. CITIZEN OF WHAT COUNTR U.S.A.	WIDOWED TO DIVORCED	Washingt	ton County	
20	10 C	Hagerstown	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Colton Villa	128 USUAL OCCUPATION OF WORK FOR MOST OF Secretary	F WORKING LIFE) INDL	kind of Business or USTRY her iff's Der	
35	13a :	Martin Luth	nington Hagers ADDRE Keedy	town 134 INSIDE CITY LIMITS? YES X NO 1 15. MOTHER'S MAIDEN N FIRST Nelli	e Cameron	th Potomac	LAST
1		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN)	war or dates) 212-38-			Slumbia Rotown, Md.	21740
	z	Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying cause lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEGUE (b) DUE TO, OR AS A CONSEGUE (c) ONDITIONS CONTRIBUTING TO	OUENCE OF ASCNI	no relevans		AMPROXIMATE RATERVAL TIMEN ORSET AND ORATH ART 1101
9	CERTIFICATION	198 DATE OF OPERATION		CH OPERATION WAS PERFORMED	206 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
9	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# FETHER, NOTHY MEDICAL EXAMINER) 214. INJURY OCCURRED WHILE OT WHILE AT WORK AT WORK	21b, TIME OF INJURY HOUR A.M. MONTH P.M. 21r, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211 LOCATION	JRRED (ENTER NATURE OF INJUI		
1		22a L certify that (I) (this hospit sow the deceased alive on above, (I) (we) [did] [did not 22b. SIGNATURE	5,20. 19 1) view the body ofter death. PRINT)	DEGREE ATTENDING PHYSICIAN 22R ADDRESS		pte and haur and Irr	S. 26, Su
	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COLINITY	ington, Md.

telling here, receptor Mark / EEDS 10 KIE AND RESERVE - Nov. 24, 1295 - 35th 31 00 100 110 110 13 1 Mereratora Class Wille Angles Come Secretary Charles a Dept. 234 Morth Leathan Barent - L groturo all got side all busiyas --- Ric-3-- Miller 1. cet merricum, 2. 21710 5-27-0 ave all december absented ball moon, Ma. where the contemporary late, the contemporary will be a seen

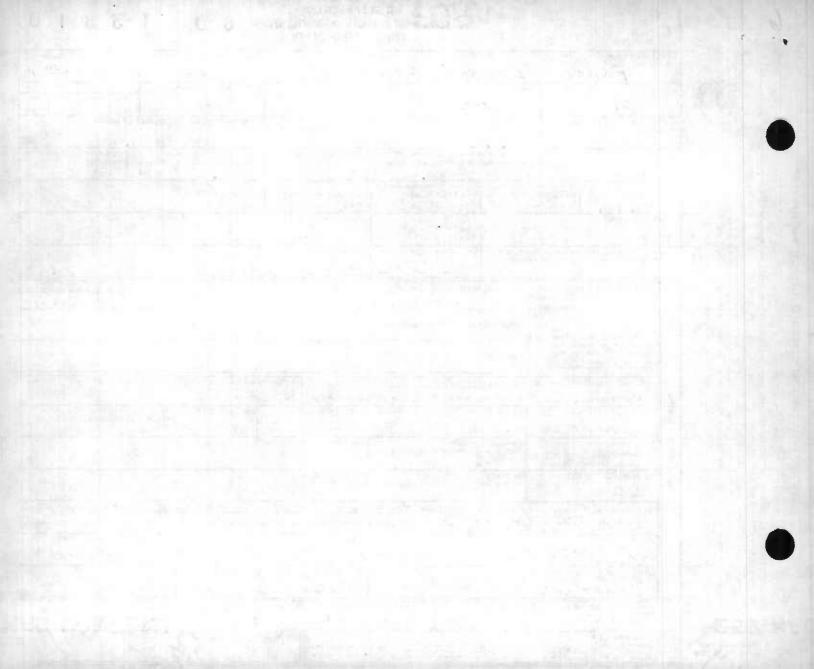


	1			STATE OF MARYLAND			
	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 U	1 3 3	0 8
	I. DE	CEASED NAME FIRST	MIDDLE	(AST	2R DATE OF DEATH	MONTH DAY YEAR	26. HOUR
page 3		Bettie	Jane	Gouff.	10	14 16 19W	4- A
4	3 SE	Female	White	Jah. 5, 1927	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I YEAR MONTHS GAYS	# UNDER 24 HRS
death. Page 72 hours 75 hours	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	TO CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DOORCED	BALTIMORE CITY O	COUNTY OF DEATH	м
y the fu d within	100	TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATA (TYPE OF WORK FOR MOST OF	F WORKING LIFE 126 KIND O INDUSTRY	F BUSINESS OF
filled in by uld be filled must	1	ALTESIDENCE (IF NURSING HOME O STATE 136 COUI	ROTHER INSTITUTION OVE RESIDENCE BEF		13ª STREET ADDRESS	onen Are	0
pletely d 2 sho		ATHER'S NAME	MIDDLE COMP	15. MOTHER'S MAIDEN NA	AME MIDDLE	Turne	
nn and com Pages 1 an	16a Y	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV			Cauff 12	SS O- A O-	l Are
res that the death certif d by the attending phy asse remove carbon pap ial, cremation, or remo y, or other traumatic e		PART I. DEATH WAS CAUSE IMMEDIA Canditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last	TE CAUSE (a)	DUENCE OF BILIARY	Circlese	0	
law requires been signed I . Then pleas rior to burial s any injury.	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING</u> TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONI		
ne list by ws	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSÝ?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES	OF DEATH?
NG PHYSICIAN: The nding physician. Iter this certificate has be burial transit permand Mental Hygiene irked or I tem 18 sho		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]	
NDING PH attending as the burn alth and M is marked of	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC]	CITY OR TOW	OUNTY	STATE
or a or a see a Heal		22a I certify that (I) (this hosp	attended the deceosed from	Co	to		that (I) (we) lo: couses stated
Find Page		27h. SIGNATURE	Well	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		SIGNED
TO HOSPITAL retained by the ITO FUNERAL Should be detach with the State DIMPORTANT:		224. PHYSICIAN'S NAME JAYPE C	ORPRINT)	22e ADDRESS			
BP		BURIAL, CREMATION, REMOVAL	5/19/1980 23	Rest Haven Cemeter	23d LOCATION CITY OF TOWN CITY OF TOWN	bun liteshing	for Mary
DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS	band 25R. DA	AY 9 9 1000	25b. REGISTRAR'S SIGNAT	

Party No. 10 No. Algorithms the horizontal Attour Al Come Come Maybeak Harry May May a war to the war with the Bond ON 180 Fest How Course Majoration livelled they all the all the way of the author that the little and the same and

	1-	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENT IER'S CERTIFICA	13 1	REG. NO.	3 8 0 9
(M)		CEASED NAME FIRST MAR	RY L	MIDDLE	GREEN	OF	KNOWN X MONTH ESTI- MATED May	DAY YEAR 25. HOUR 3:2 4 19 80 PN
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NO 219 20 0885 Wilma C. Mitchell Rt. #2 Hancock, Md	16	6a. W	AS DECEASED E	VER IN U.S. ARME	D FORCES?			17. INFORA	THAN			DRESS	WEELE	
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ACTUAL SIGNATURE MAD M.D. deputy MEDICAL EXAMINER SIGNED MAY 10.1 EXAMINER'S NAME Harold R Tritch, Ir., M.D. ADDRESS 138 Fast Antietam St. Hagerstown, 136. BURIAL, CREMATION, REMOVAL 23B. DATE STORE STORE STORE STORE STORE SIGNATURE BURIAL SIGNATURE MADDRESS 1. M.D. ADDRESS 138 Fast Antietam St. Hagerstown, 136. LOCATION COUNTY STATE BURIAL DIRECTOR HAROCK Washington Md. 23 FUNERAL DIRECTOR STORE SIGNATURE ADDRESS 1. A			geath resulted t	nom: Noturol	couses, A	ccident	Suicide L			Undeteri	ninea manner	□ ,		
EXAMINER'S NAME Harold R Tritch, Ir., M.D. ADDRESS 138 Fast Antietam St. Hagerstown, 230. BURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION COUNTY STATE Burial 5-13-80 Stone Bridge Brethren Hancock Washington Md. 24 FUNERAL DIRECTOR ADDRESS ADDRESD			ACTUAL SIGNATURE	garous	RInto	th of	M			MEDIC	AL EXAMINER	DATE	ED May 10	.1980
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FOR

REGISTRAR

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DHMH-16 25M (VRA 15, 4) 1/79

BALTIMORE CITY OR COUNTY OF DEATH Washington 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Pangborn Corp. 53 West Side Avenue LAST Josephine L. Hart, Hagerstown, Md. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and haur and from the couses stated 22c DATE SIGNED DIRECTOR PHYSICIAN May 12,1980 Rest Haven Cemetery Hagerstown, Wash., Maryland burial MINNICH FUNERAL HOME 24. FUNERAL DIRECTOR 415 E. Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

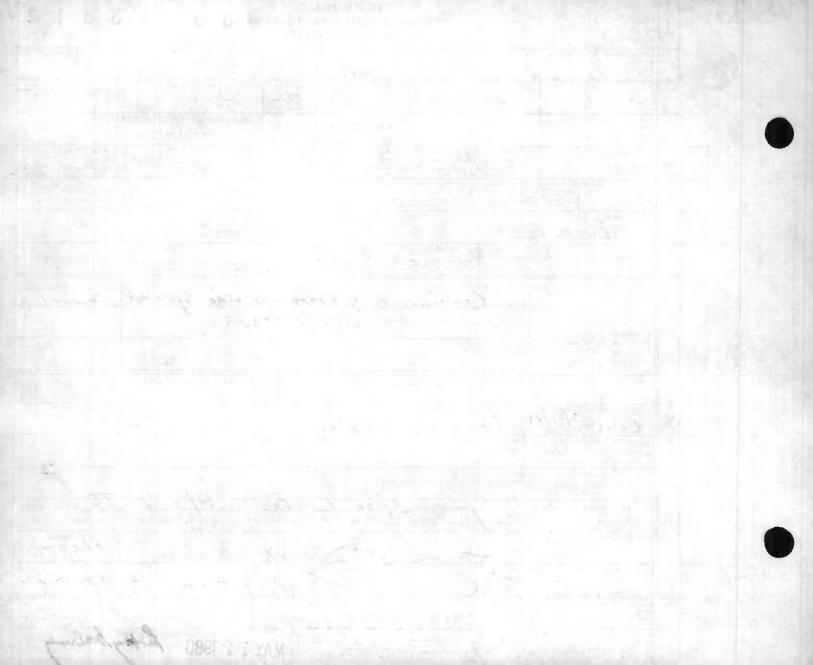
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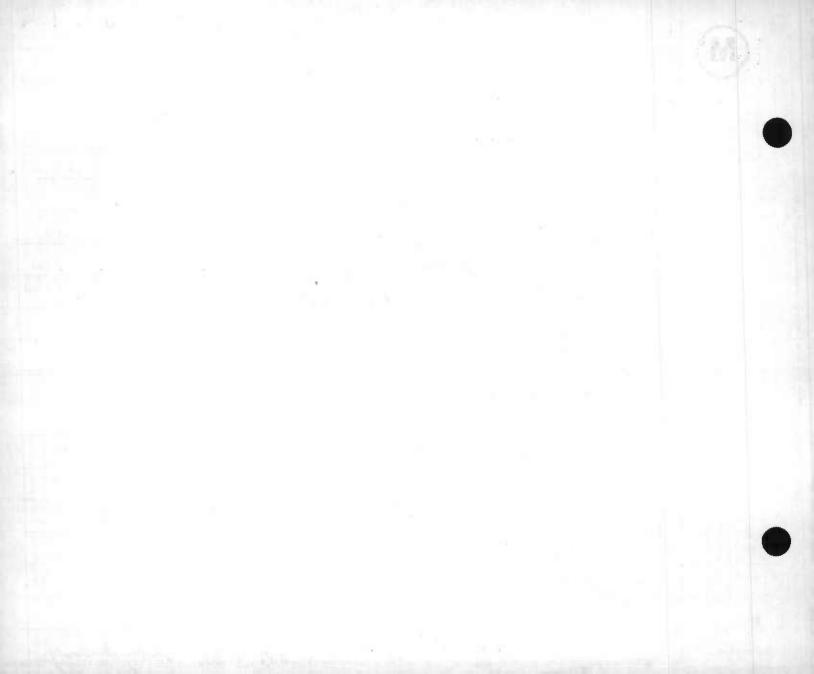
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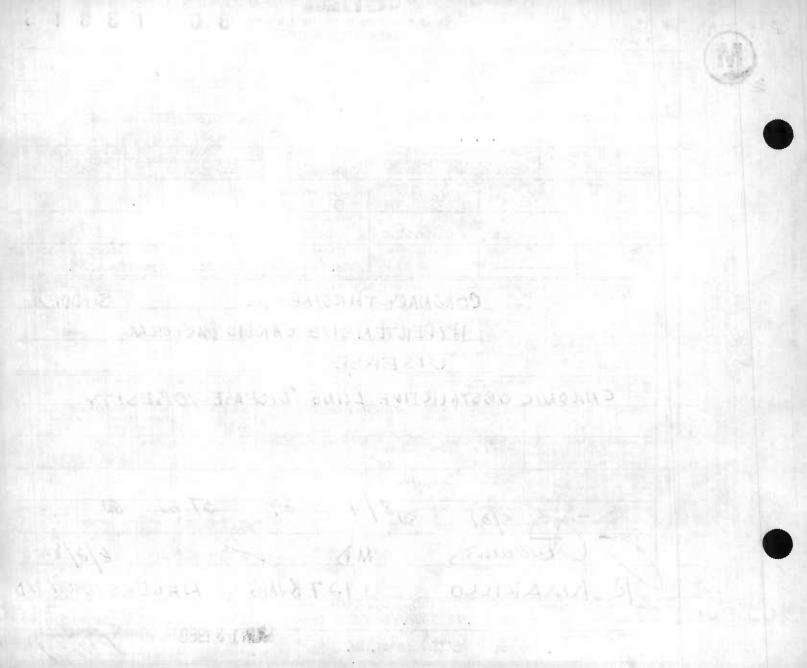
DAYS



	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0		3 8	1 3
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ficate be execu- physician and co popers. Pages I navoi.	(1	YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR OATES)	213 92 !	5610	MRS.RUTH M.P	PRICE RT.8	CUMBER	LAND, M	D.
requires that the death certification is signed by the attending physical Then please remove carbonpop in to burial, cremation, or removainjury, or other traumatic event,	z	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	which mediate g the lost	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON			nowth s
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BP		BURIAL, CREMATION, (SPECIES) BURIAL UNITED TO SPECIES OF SPECIES O	REMOVAL	23b. DATE 5/15/1			LEY U.C.C.	23d LOCATION WARFORDSE	25h PERISTO	AD'S SWENIAR	AIDE.
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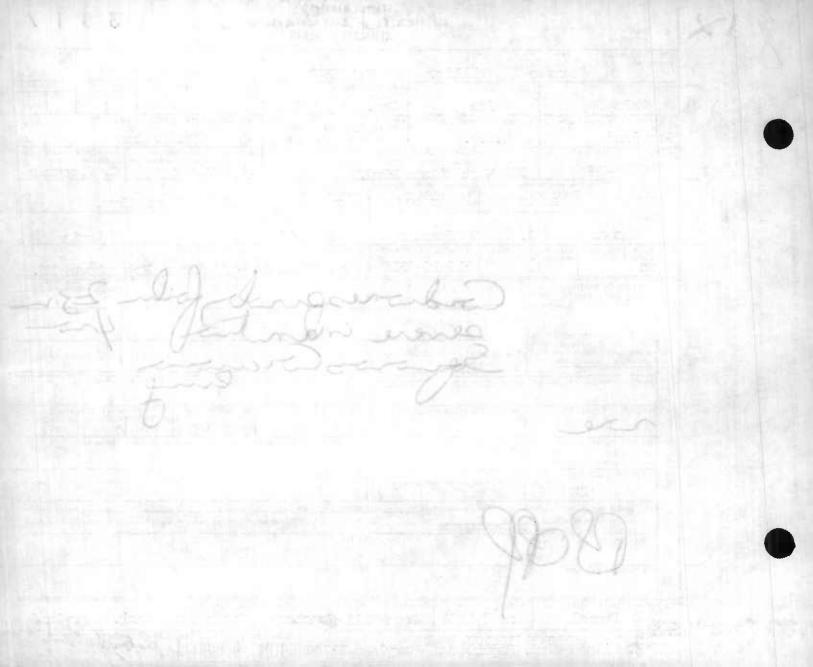
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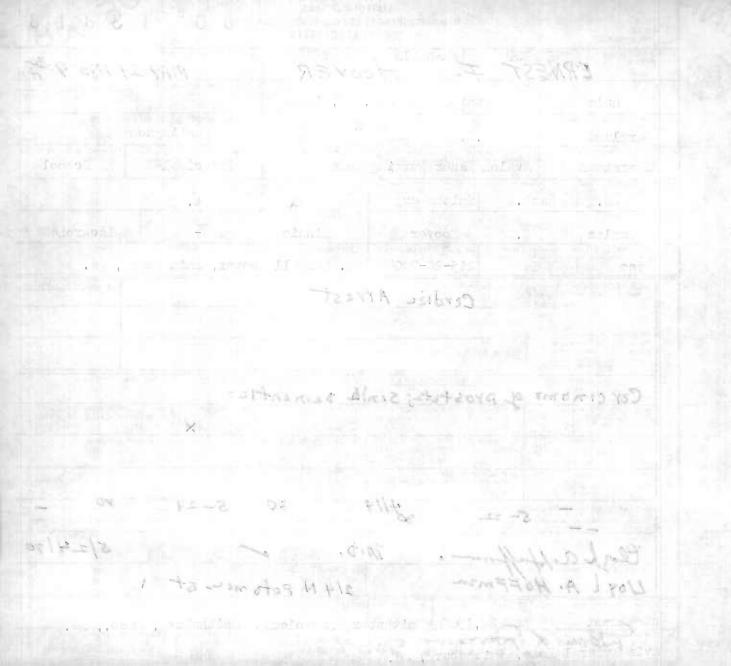


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(TYPE OR	PRINT)	Eva		Madel.	ine	HOPKINS	May	20,	1980		
3	SEX	female		whi	te	5. DATE O	b 3, 01906 YEAR	6. AGE (INY	EARS LAST BIRT		ONTHS DAYS	HOURS MIN
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ?

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME KNOWN | DATE (TYPE OR PRINT) ESTI-Lorie JONES ANN DEATH MATED MAY 23 80 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE BIRTHDAY 27 PRONOUNCED Female 1961 White 18 Sept. 80 DEAD Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WASHINGTON Penna. WIDOWED DIVORCED FILED, II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION DELAY IS TO THE 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Nursing BE Hagerstown Washington Co. Hospital ORDS, 3. RETAIN SHOULD BE RESIDENCE BEFORE ADMISSION 136 COUNTY 3n STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS REC Penna. Franklin 6022 Anthony Highway Waynesboro YES 🗍 NO M VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME R L. AGES 1, PM C MIDDLE MIDDLE LAST AND Max Edith Jones. Nunemaker BALTIMORE, FORM 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 6022 Anthony DIVISION (YES, NO. OR UNKNOWN) PAGES Waynesboro. Pa. No 209-52-7678 Highway Max I. Jones TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MOTOR VEHICLE/MOTOR VEHICLE COLLISION 2 HRS APPROX. IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. 301 AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS, HEALTH MEDICAL CERTIFICATION USED 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? BURIA YES [96 DEPARTMENT (1:30,M. MAY 23 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) SHOULD UNDERLYING TOR PLE MASSIVE MOTORCYCLE COLLISION WITH TRUCK CONTRIBUTING CAUSE OF DEATH SYSTEM 21e. PLACE OF INJURY 21f. LOCATION STAMY ROAD STREET CITY OR TOWN WHILE AT WORK NEAR MT. ALTO. FRANKLIN. PENNA. PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Accident X death resulted from: Homicide Natural couses Suicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE MAY 23, 1980 DEPUTY SIGNATURE I IMORE. WEST WASHINGTON STREET EXAMINER'S NAME (TYPE OR PRINT) EDWARD W. DITTO, 111, M.D. HAGERSTOWN, MARYLAND ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 5/27/1980 Rose Hill Cemeterv Franklin Mont Alto Pa. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 50 S. Brdad St. **DHMH-17** ADDRESS (VR A15 ME (5)) Waynes boro. Pa. 30M 7/73

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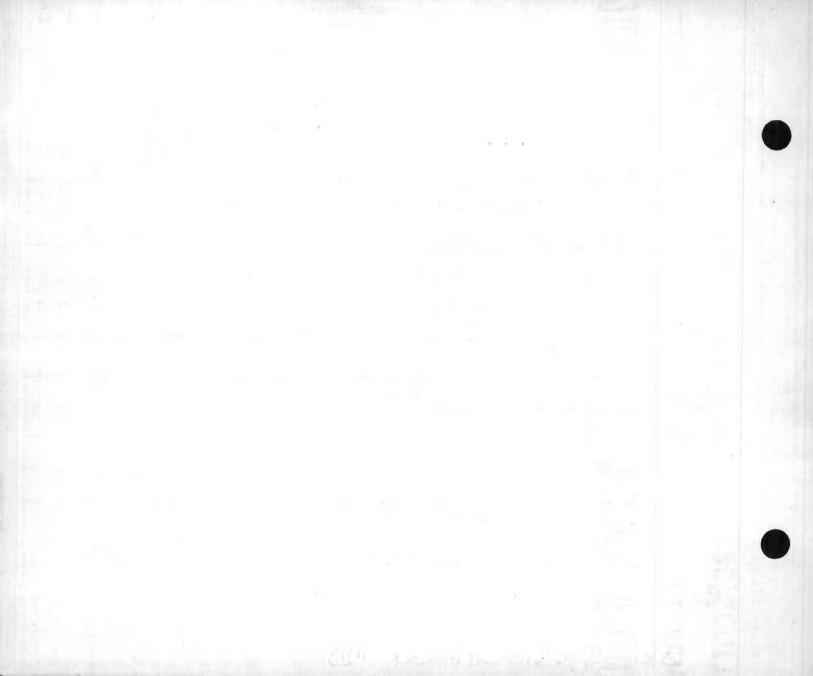
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	S CONTRIBUTING CAUSE OF DEATH 6:00 May 3 1980 thrown from horse	Mr.
	216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, 216. LOCATION 216. LOCATION STREET CITY OR TOWN COUNTY	
	270. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural couses ; Accident X, Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE HAROLD R. TITLE (SPECIFY) ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNED May EXAMINER'S NAME HAROLD R. Tritch, Jr. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	
	ACTUAL Harved R. Tartes W M.D. Tille (SPECIFY) MEDICAL EXAMINER SIGNED May	
ACTUAL BLANDER P. TOLLIA OF TITLE (SPECIFY) GEOUTY DATE		5, 1
ACTUAL SIGNATURE HAROLD R. Tritch Ir 138 F Antiotam St. Hagonstown Medical examiner	236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYOR TOWN COUNTY	
ACTUAL SIGNATURE Harold R. Tritch, Jr. EXAMINER'S NAME Harold R. Tritch, Jr. ADDRESS 138 E. Antietam St. Hagerstown, Mc (1996 CREMATION), REMOVAL [236, NAME OF CEMETERY OR CREMATION] 236, BURILL, CREMATION, REMOVAL [236, DATE 236, NAME OF CEMETERY OR CREMATORY 236, LOCATION COUNTY STATE COUNTY STATE COUNTY		n, Md
ACTUAL SIGNATURE Harold R. Trutus M.D. TILLE (SPECIFY) EXAMINER'S NAME Harold R. Tritch, Jr. ADDRESS 138 E. Antietam St. Hagerstown, Mc [130, BURIAL, CREMATION, REMOVAL [236, DATE (SPECIFY)] Burial May 7, 1980 Lytheran Cemetery Middletown, Frederick, Md.	106 East Church Street, Frederick, Md. 21701	state

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	1-	FOR - STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENB 0	1 3	8 3	3 1		
		CEASED NAME	FIRST	/	MIDDLE		LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOL					
		Pe	earl		gina		NDERS	March 2 1980					
	3 SE	X		4 RACE		5 DATE (6 AGE (IN YEARS LAST		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
	_	emale		White		Marcl	n 22,1907 YEAR		72 _{YRS}				
0	C	IRTHPLACE (STATE OR FOR	REIGN		WHAT COUNTRY?	OR COUNTY	OF DEATH						
5	-	ryland		United		WIDOW			Washingt	ton	MD.		
9		ity or town of DEAT	H	(IF NOT IN SUC	HOSPITAL, NURSINI H FACILITY, GIVE STREET A gton Coun	DDRESS)	or other institution ospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Seamstress (Clothing					
F	USU.	AL RESIDENCE (IF HURSINGSTATE)			ADMISSION)	134. INSIDE CITY LIMITS?	130 STREET ADDRES	SS	Z.				
	14 F.A	ATHER'S NAME					15 MOTHER'S MAIDEN NAM	ME		LAS			
10		Filmore	M.	Bishop		Annie		Belle		on			
	160 V	VAS DECEASED EVER IN			166 SOCIAL SECUI		17 INFORMANT	ADI	DRESS				
	(1	YES, NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	219 20 4	573	William J.Lan	ders	Sames 1	13			
2	CAL CERTIFICATION	Conditions, if ony, gave rise to imme couse (a), stating underlying couse	which ediote the lost	DUE TO, OI DUE TO, OI DUE TO, OI LC) CONDITIONS CO 196. CONDI 216. TIME O HOUR A.	FINJURY M. MONTH DA	NCE OF NCE OF DEATH BUT	NOT RELATED TO THE TERM NOT RELATED TO THE TE	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	IGS USED		
	MEDICAL	21d. IN JURY OCCURRE WHILE NOT WHI AT WORK AT WOR	LE [21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE		
1		22a. 1 certify that (I) (saw the deceased obove, (I) (wet take) 22b. SIGNATURE 22d. PHYSICIAN'S NAI	dalive and idea no	of view the body	116/195	10	nd that in (my) (east-opinion of DEGREE ATTENDING PHYSICIAN E		TAFF				
1						-12							
	23o. (BURIAL, CREMATION, R (SPECIFY) Burial	REMOVAL	3/5/19			vet Presbyteri	an Hanco	ck;Wash	ington;	Md.		
	K	UNSTRAL DIRECTOR	1	La	ADDRESS	nccr	= MA 250. DAY	LN3 1980	AR 256. REGISTE	RAR'S SIGNAT	URE		

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	1. DE	REGISTRAR CEASED NAME	FIRST	74(2)	MIDDLE	-AMIIIVEI	LAST	FICATE		a. DATE KN	REG. NO), MONTH	DAY	VEAR	75 HOUR
_		PE OR PRINT)	Paula		Kay		LAWRE	NCE			ESTI-			80	12:0
	3. SE	X	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS	IF UNDER 1 Y	- IIIAT I						YEAR	25 HONE
	f	emale	white	Oct. 21,	1951	28 YRS.	MONTHS DAY	S HOURS		RONOUNCE	ED MA	Y	19 ,	,80	2:45
2	7a. B	IRTHPLACE (ST	ATE OR	76. CITIZEN OF WE		TDV2	MARRIED X	NEVED MAD	DIED 1	BALTIMO	RE CITY OF	R COUNT	Y OF DE	ATH	- //(
	N	ew York		USA			IDOWED [DIVOR		Wash	ingto	n			MD.
707		ity or town		11. NAME OF HOS	CILITY, GIVE ST	RSING HOME, C REET ADDRESS)			FOR MI	ALOCCUPAT OST OF WORKIN USEWI T	IG LIFE)	OF WORK	OR IN	OF BUS NDUSTR	INESS
-	USU			OR OTHER INSTITUTION, GIV	E RESIDENCE										
200		aryland		ington		erstown	YES [DE CITY LIMITS?]	526 S	ummit	: Ave	nue		
	14. F.	ATHER'S NAME FIRST Paul	G. Jone	MIDDLE	ı	AST	15. MO	THER'S MAIL FIRST Manze	ella H	icks	LE		LAS	ST	
1	16a. \	WAS DECEASED	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)		IAL SECURITY N		DRMANT			ADDRESS		-		
	N	0			220-	58-3531	Mr	. Davi	d E.	Lawren	ice, J	r., I	Hage	rsto	wn,Md
		18 CAUSE O PART I DE	F DEATH (Enter onl ATH WAS CAUSED	ly one cause per line					Line			417	BETWEE	OXIMATE EN ONSET	AND DEATH
		951		TE CAUSE (o)		- DRUG (VERDOS	E - EL	AVIL				+	- 2	HRS.
			is, if ony, which	DOE TO, OR	AS A CON	SEQUENCE OF							2.0	ST.	
			e to immediate stating the under-	DUE TO, OR	AS A CON	SEQUENCE OF							+		
		lying cou	se lost.	(c)											
	7	PART 2 OTNER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH E	OUT NOT RELAT	ED TO THE TERMINA	DISEASE OR CONO	ITION GIVEN IN P	PART 1 (a).						
_	CERTIFICATION	198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED?									In				
	FICA	I THE DATE OF	OI EKATION	THE CONDITION ON WHICH OF ERRITOR WAS PERFORMED:								20 AUTOPSY? YES █ NO □			
	ERT		L CAUSE WAS	21b TIME OF	INJURY		21c. HOW INJU	JRY OCCURR	ED LENTER NA	ATURE OF INJURY	Y IN ITEM 18 PA	ART I OR PAR	RT 23	5 🔼	NO []
		UNDERLYING CONTRIBUTIN	OR NG ☐ CAUSE OF D	DEATH 12:00	MAY	DAY YEAR 19 19 80	SELFAR	PROXIM	TERED	OYERD	OSE E	LAVIL	- 75	MG .	
	MEDICAL	21d. INJURY O	CCURRED	21e PLACE C	ORY, FARM, ET	(AT HOME,	II. LOCATION								
	2	AT WORK	NOT WHILE AT WORK	H	DME	(.)	526 SU	MMIT A	VENUE	HAGE	RSTOW	IN, WI	ASH.	, Mo	STATE
		22a. I certif	y that I took charg	e of the remains desc	ribed abov	e, held on	Autopsy K	Inspecti	on 🗶,	Inquiry], and	d in my opi	inion		
		death resulte	d from: Nover	ol couses .	Accident	, Suicid		micide .		rmined monn		,			
		ACTUAL	1	11. 6	7-11	/		E (SPECIFY)							
_		SIGNATURE_	Chraco	CW- R	tixe	2 111	M.DD	EPUTY		CAL EXAMIN				y 20	1980
}		EXAMINER'S	NAME EDWAR	RD W. DITT	ro. I	II. M.D.				WASHI			EET		
_	23g.B	URIAL, CREMAT	TION, REMOVAL 2			AME OF CEMET			123d. LOC	ATION	RYLAN				
	(ourial		May 22,19	3-1-2				CITY O	gersto	wn t	Wash		ryla	
	24. F	UNERAL DIREC	TOR MIN	NICH FUNE 7d., Häger	RAL H	OME	1740	250 DATE	REC'D. BY	REGISTRAR	25) JEGIS	TRAR'S SH	GNATUR	SE A TC	414
	4.	15 E. W.	rrson Br	a., Hager	stowr	1, Ma. 2	1/40	IIIAI	4113	980	marka	4/20	Cres	de	

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(VRA 15, 4) 1/79

STATE OF MARYLAND

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t	Ióa V	AS DECEASE	DEVER IN U.S.	ARMED FORCE	ES?	16b. SOCIAL SEC	URITY NO.	17. INFORMAN			21927	SScot.	land A	Ve.
1		no, or unkno	(IF TES, 0	GIVE WAR OR DATE	62)	202-03-	6535	Mrs. Th	omas G	amble			a. 1720	
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1	CERTIFICATION		AL CAUSE WAS		DUP AND	MONTH DAY		OW INJURY OC	CURRED (EN	TER NATURE OF	NJURY IN ITEM	18 PART 1 OR PA	ART 2)	112
1	CAL	UNDERLYING CONTRIBUTION	NG CAUSE	OF DEATH 4	P.M	MOY 161	, 80 F	ell OH	Stells	24	Loca	1 BG.	ulc	
1	MEDICAL	21d INJURY C	CCURRED	21		OF INJURY JAT HO		OCATION STREET		CITY/OR T	OWN .		DINEY.	
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1		death result		latural causes		Accident 🛣	Suicide _	Homicide		determined n].		
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1	23g.BI		TION, REMOVA	AL 23b. DATE		23c. NAME O	F CEMETERY C	OR CREMATORY	236	LOCATION	711		INITY	5740
1	F	PECIFY)		5/27/	80	Norlar	nd Ceme	tery	G	reene	Twp. 1	Frankl	Lin Co.	Pa
1		NERAL DIRECT	TOR	12/~1/	ADDRESS				DATE REC'D				SIGNATURE	
1	Rol	pert G.	Seller	rs 297	Phil	a. Ave.	Chambe.	Pa.	9014	± 130	U		111400	7

assured to the Lagar Lagar New York Allen

	1.	FOR STATE REGISTRAR		DEPARTA	STATE OF M. NENT OF HEALTH CERTIFICATE	AND MENTAL HY) REG. NO.	3 3	3 6
34	1 DE {TYPE	CEASED NAME FRST OR PRINT) Wilbur		oyd	Marti	n	20. DATE OF DE	1y 7, 19	DAY YEAR	7:30 A
	3 SE	Male	4 RACE Whi	te	S DATE OF BIRTH	Py 24; 19	AGE INVEARS	LAST BIRTHDAY!	MONTHS DAY	
15		RTHPLACE ISTATE OR FOREIGN OUNTRY) masters, Pa.	Th CITIZEN OF V	VHAT COUNTRY?	MARRIED XN	EVER MARRIED		nington		MI
ou ag ts	Ha	gerstown	Washi	ngton (o. Hosp.		174 USUAL OCC (TYPE OF WORK FOR Farmer	MOST OF WORKING	LIFET INDUSTR	of BUSINESS OR
1 2 S	13a S	AL RESIDENCE IN NURSING HOME CONTACT PA. FT	e or other institution, ounty anklin	IN CITY OR TOW Mercers	Durg 131. IN	SIDE CITY LIMITS?	13 STREET ADD	Ress Lemar I	Rd.	
28	14 F/	THER'S NAME FIRST AMOS	MIDDLE	Martir		THER'S MAIDEN NO.		DDLE (Shelly	LAST
t, the me		VAS DECEASED EVER IN U.S. (15, NO OR UNKNOWN) (15 YES,	ARMED FORCES? GIVE WAR OR DATES)	203-10-		s.Emma		Merce:	mar Rd rsburg	
any injury, or other traum	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, OR	AS A CONSEQUE AS A CONSEQUE ACUTE NTRIBUTING TO D	nce of MYO	cardia		arctio		No
m 18 shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION WAS	PERFORMED	YES N	IN CER	YES, WERE FIND TIFYING CAUSE YES	DINGS USED ES OF DEATH?
or Item	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M	A. MONTH DA A.	YEAR	OW INJURY OCCUI	RRED (ENTER NATURE	OF INJURY IN ITEM 1	B, PART 1 OR PART 2	1
шагкед	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE O (AT HOME, STRE	OF INJURY Et. Factory, Office, F		STREET	CIT	YORTOWN	COUNTY	STATE
em 21 is		27a.1 certify that (1) (this he saw the deceased alive above, (1) [west (did) (dua	on 5/7	19		n (my) (out) opinior	deoth occurred or	the date and h		
E .:		27b. SIGNATURE	N L	nan II	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [8, 1980
IMPORTANT: IF		George C. N	ewman, II		M.D.	DDRESS 1825 Howe		Hagerst	own, MI	21740
2		BURIAL, CREMATION, REMOV	7AL 23b. DATE 5/10	/80 MG		y OR CREMATORY y Breth	CITY ON TO	FrankI	ery Tw	PPA. STATE
25M 1/79	24. F	Fitt Lin	inger M	lercersh	urg,Pa,	25a. D	HEREC'D. BY REGI	STRAR 25b. REGI	STRAR'S SIGN	ATURE Cready
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		FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 U	1333/
,		I. DECEASED NAME FIR	ST MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
be 3		(TYPE OR PRINT) I Ca	G.	Marshall	1	5-17-80 100
tor page		3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BE	
4 age 4	1	malo.	Caucasian	MONTH DAY YEAR	70	YRS. MONTHS DAYS HOURS M
n. P. hour		78 BIRTHPLACE (STATE OR FOREIGN		TRY?	9 BALTIMORE CITY	OR COUNTY OF DEATH
nera 72	35	MARYLAND	U.S.A	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	- 1 10 0 0 1	nton Co.
after the fu within	0	18 CITY OR TOWN OF DEATH		IRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	TION 126 KIND OF BUSINESS
by the ed w	70	Hagerstown	COLTON VILLA	Nursing Center	(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY
24 ho ed in be fill	20	USUAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION, GIVE RESIDENCE OF COUNTY 13c. CITY OR	BEFORE ADMISSION)	In expert appress	
y fille ould b	20		1 1 1/1	SVILLE YES NO NO	Box 35	
sh sh		14 FATHER'S NAME		15 MOTHER'S MAIDEN N	AME	
comple omple omple omple	110	Henry	C. Marsh		MIDDLE .	Hine
c cc		160 WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOCIALS	SECURITY NO. 17 INFORMANT	ADDF	
e be ey an and Pages t, the r	/	(YES, NO OR UNKNOWN)	ES, GIVE WAR OR DATES)			
death certificate ending physicial carbon papers. F on, or removal. traumatic event,		IS CAUSE OF DEATH (En	iter only one cause per line far (a), (b	or, and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
phy pap emo tic e		PART I. DEATH WAS C	AUSED BY.	Cardia A	bases 15	AL MEN ONSE AND DEA
ding ding or r		410-		COURNER OF		
2 0		Conditions, if any, whi	DUE TO, OR AS A CONSI	Castle As	ME	L mi
the at smove email		gave rise to immedia couse (a), stating t	ite	TOURNES OF		
s the	- 1	underlying cause la		AT CVD	CHE	7
een signed Then pleas or to burial		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR COM	NDITION GIVEN IN PART 1(a)
Jaw re	_	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN				
e l s b iit.	G	3 190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
N: T ate h, perr grene 3 shc	1	E .			YES NO	YES NO
ENDING PHYSICIAN: Thorattending physician. DR: After this certificate hase as the burial-transit permitealth and Mental Hygiene is marked or Item 18 shoo	9			DAY YEAR 216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	URY IN ITEM 18, PART 1 OR PART 2)
physician gphysician this certific urial-transit Mental Hy d or Item 1	1	OR CONTRIBUTING CAUSE		19		
G PHY ding p er this e buria nd Mei	- 1	OR CONTRIBUTING CAUSE (FEITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION	CITY OR TO	OWN COUNTY STATE
attending Phaster that and Mith		WHILE AT WORK AT WORK] [AT HOME, STREET, PACTORY, OF	PICE, PARM, EIC)	CIII OK 10	STATE STATE
or at OR: Se as se as fealt			hospital) attended the deceased from	om	, to V.	1 7, 19 975 , that (I) (we) I
hospital or DIRECTO hed for use Dept. of He If Item 21		saw the deceased all obove, (1) (we) (did) (a	ve an St 3-	9 and that in (my) (aur) opinio	n death occurred on the c	date and haur and fram the causes stated
the hospital AL DIRECT stached for use Dept. of I		226. SIGNATURE		DEGREE		221. DATE SIGNED
the the stac rte f		Va	u toset m	ATTENDING PHYSICIAN	MEDICAL STA	S. 20.50
-> R & 3 <-	1	224. PHYSICIAN'S NAME (TYPE OR PRINT)	22+ ADDRESS	El Parcelon Ca Tillion	
TO HOSPIT retained by TO FUNER should be de with the Sta	1	Dr. Vasan	+ Matta	1600 mxx	III AVO	thourstown mr
TO TO showith		23a BURIAL CREMATION REMO	OVAL 236 DATE	231 NAME OF GEMETERY OF CREMATORY	23d LOCATION	radars mind The
BP		BURIAL	5-20-80	Mt View Cometa		Sburg Merula
		24 FUNERAL DIRECTOR	305	1/ Potamer & 250. DA	- June	
DHMH-16 25N (VRA 15, 4) 1/7		CARALO 1/ /	MINIATE H THE	Opotorial Will MI	AY 2 2 1990	Thinking Mc Credy
		Laux Will	MINNICH / Jage	willing it out IIII	~ ~ 1000	

STATE OF MARYLAND

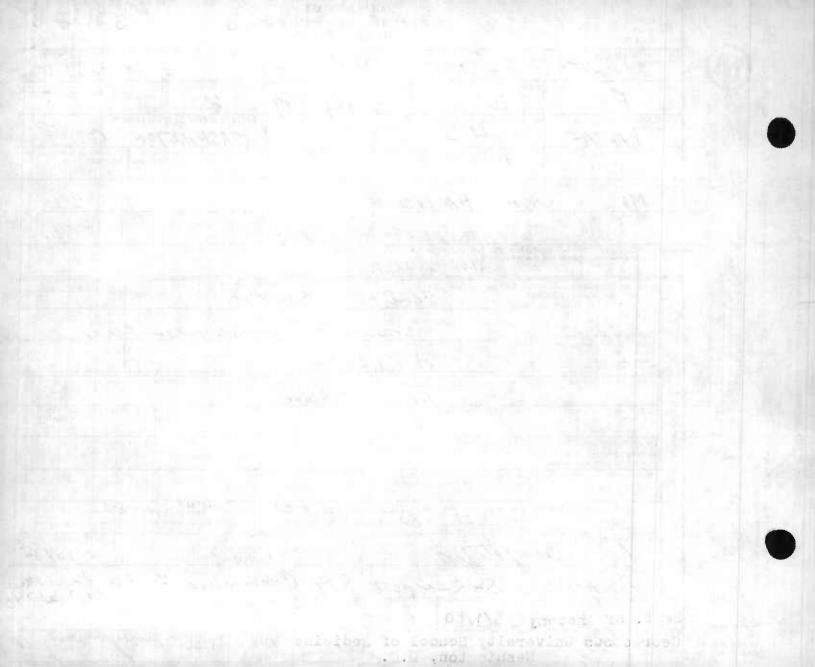
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Washington. D.C.

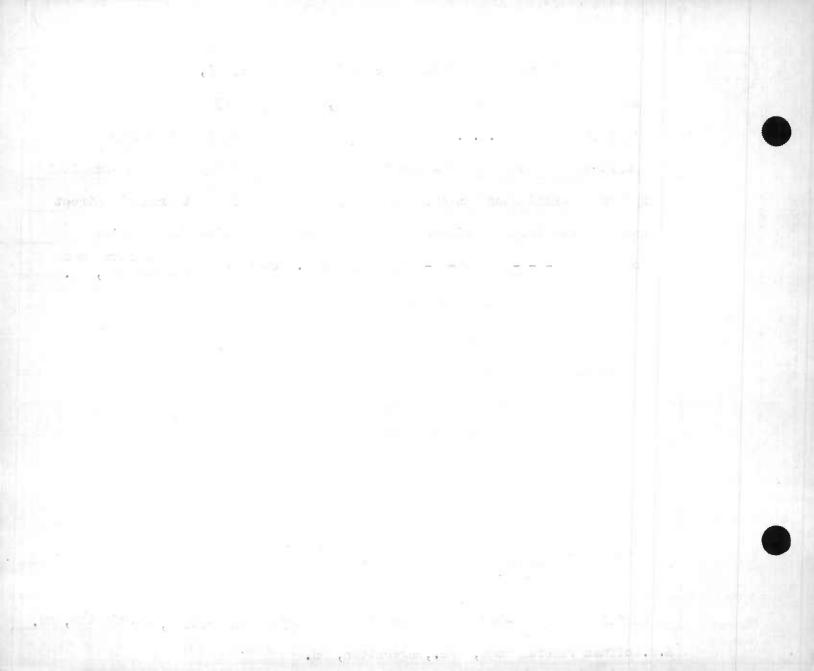
STATE OF MARYLAND

FOR

(VRA 15, 4) 1/79



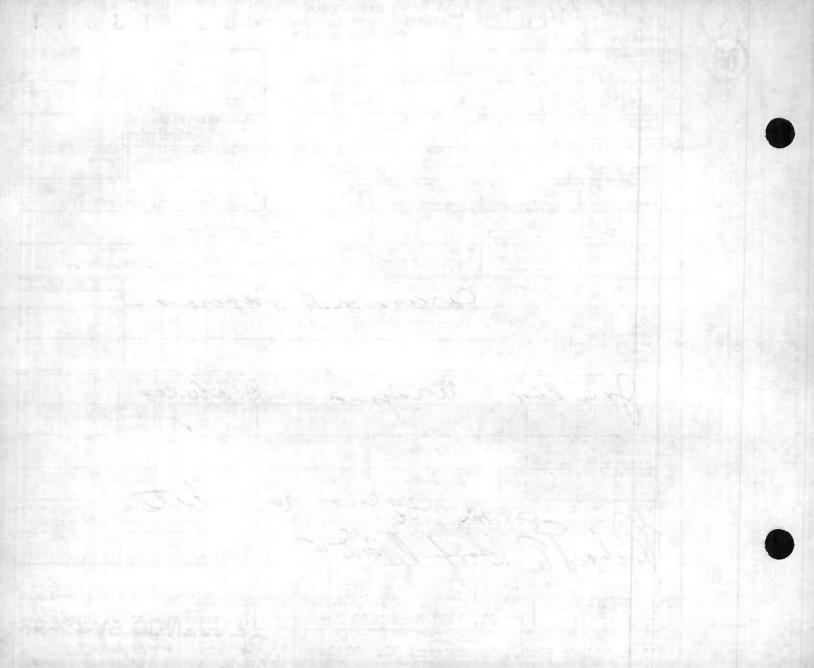
	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	HYGIENE 8	O REG. NO.	3 8	3 9
		CEASED NAME FIRST		DDIE		ST	20 DATE OF		DAY YEAR	2b. HOUR
MA)				irginia		ormick		1, 1980		м
	3 SE	× Female	4 RACE White	9	5. DATE O	st 4, 18%		RS LAST BIRTHDAY	IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN
Seed of once.	7a B	RTHPLACE (STATE OR FOREIGN OUNTRY) Virginia	76 CITIZEN OF W		MARRIED WIDOWE	NEVER MARRIED	1 1 1	ington Co		MD.
open go		Hagerstown	11. NAME OF HO UF NOT IN SUCH COLUMN	OSPITAL, NURSINGE THE STREET HOME T	IG HOME O	OTHER INSTITUTION		FOR MOST OF WORKING	LIFEL INDUSTRY	of BUSINESS OR
To T	13a.	AL RESIDENCE (IF NURSING HO STATE 13). C	me or other institution, of OUNTY ashington	ive residence seror 3c CITY OR TOW Hagerst	/N	134 INSIDE CITY LIMIT	S? 134 STREET A	poress East Fran		
exomine	14 F.	Thomas Je.	fferson	Silman		15 MOTHER'S MAIDEN	NAME	zabeth	Shipe	51
event, the medical		NAS DECEASED EVER IN U.S YES, NO OR UNKNOWN] (IF YES	S GIVE WAR OR DATES!	66 SOCIAL SECU 217–18–7		Arthur B.	McCormick	106 Wal	lgrove Ro	oad Md
to burial, cremation, or injury, or other troumotic	NO	Conditions, if any, whice gove rise to immediate cause 101, stating the underlying cause los	h (b) DUE TO, OR (c)	as a consequ	POST	evotic. He	· · · · · · · · · · · · · · · · · · ·		GIVEN IN PART 10	01
variol-tronsit permit. Then Mental Hygiene prior to bu r them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION			OPERATION	WAS PERFORMED	200 AUTO	NO DIN CER	YES, WERE FINDIN TIFYING CAUSES YES [
Mentol Hys	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	OF DEATH HOUR A.M	. MONTH D	AY YEAR	21c HOW INJURY OC	CURRED (ENTER NAT	URE OF INJURY IN ITEM 1	0, PART T OR PART 2)	
D	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O (AT HOME, STREE	F INJURY IT, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
of Health and			-4/ -	19_4	S.A. on	d that in (my) (que) opi		on the date and h	nour and from the	
should be detoched with the Stote Dep! MPORTANT: If hem		228 SIGNATURE	Haff m		M	ATTENDIN PHYSICIA 220 ADDRESS	NG MEDICAL AN DIRECTOR [STAFF PHYSICIAN	6-2	SIGNED
should be det with the Stote		Lloyd A.	HOFFmiz			1149 00			egerster	yn
_		BURIAL, CREMATION, REMO SPECIFY) Burial	6-3-80			METERY OR CREMATO	v Hage	rstown.	Vashingto	
16 20M 4) 7/78		WALL DIRECTOR K. Coffman Fu	neral Home	ADDRESS Inc. H	lagerst		JUN 5	1980	ISTRAR'S SIGNAT	Basely.



	1-	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		ENE S	O REG. N	0.	3 8	40
1076	1. DE	CEASED NAME	FIRST		MIDDLE		AST		100			AY YEAR	26 HOUR
100		Ba	wn		Ellsworth		McCREA, Sr	2 0		ay 16,			8:15
(1)	3. SE		100	4 RACE		5 DATE C	DAY YEA	AR	AGE (I	N YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS
		Male		Whi		Nov.	3, 1904			75	YRS		
172 hou	C	RTHPLACE ISTATE OR FO DUNTAY) ichigan	DREIGN	U.S.	A .	MARRIE WIDOWE	D NEVER MARRIE		9. BALTIA	Washi	ngton	OF DEATH	M
179	1	TY OR TOWN OF DEA Tagerstown		Washin	HOSPITAL, NURSIN CHEACHITY, GIVE STREET, gton Coun	GHOME C ADDRESS) ty Ho	OR OTHER INSTITUTIO	N	(TYPE OF W	ork for most of ping D	F WORKING LIFE	INDUSTRY	Depot
should be the examine the	USU/ 13a S	AL RESIDENCE (IF HURS	136 COUN	OTHER INSTITUTION	134 CITY OR TOW Cascade		134. INSIDE CITY LIM			t. 1,	Box 29)	
sho	14 FA	THER'S NAME	,	MIDDLE	LAST		15. MOTHER'S MAID	ENNAM	AE .	MIDDLE		LA	51
100 Jan 210	I	Ellsworth		E.	McCrea		Estell	a				Matt	
the me	16a V (Y	VAS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	219-03-0		17 INFORMANT		Had	ADDR		2/3	
oers. Pa oval. event,		IL CAUSE OF DEATI					Mrs. Rut	il II.	1100	rea, C	ascade		OMATE INTERVAL ONSET AND DEATH
ermit. Then please remove the prior to burial, cremati shows any injury, or other	CERTIFICATION	cause (a), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	lost HFICANT C	ONDITIONS C		EATH BUT	NOT RELATED TO TH	IE TERMI		ASE OR CON	T20b. IF YES	EN IN PART 1	NGS USED
] 🚆	-							YES [] NO	YES	5 🗌	NO 🗌
ental Hygi		2)a. ACCIDENT WAS UND OR CONTRIBUTING C JIF EITHER, NOTHY MEDICA	AUSE OF DEA	TH HOUR A	M MONTH DA	Y YEAR	21c HOW INJURY C	OCCURR	ED JENTER	NATURE OF INJU	RY IN ITEM 18, PA	ART 1 OR PART 2)	
th and M	MEDICAL	214 INJURY OCCURR WHILE NOT WHAT WORK AT WORK	IILE (T)	218 PLACE JAT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET			CITY OR TO	WN	COUNTY	STATE
detached for use a tate Dept. of Heal		226 SINGLAND	a dive on) view the bag	19_	or		pinian d	MEDIC		ate and hour	and from the	that (I) (we) last couses stated E SIGNED
should be deta with the State		2224 PHYSICIAIR YNA	ME TYPE OF	PRINT)	TALTON		220 ADDRESS	198	Ker	rly a	re i	Haggil	Jan -
- ts 3 =	23a B	URIAL, CREMATION, I	REMOVAL	May 1	and the second second		emetery or crema		Sm	cation yourown ithsbu	rg Alla	county	STATE
MH-16 25M 15, 4) 1/79	24: FU	INERAL DIRECTOR NAME Da. V.1	enn	Mome.	Lan	2 1	2	MAY	RBC'0. B	980 TRAR	25 N. REGISTA	W. KONDE	med

The second of th Renat failure COURTNAME RIGHTARE TO HOSPITATION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

Q	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 0 1	3 8 4 1
1)	DECEASED NAME FIRST (TYPE OR PRINT) Benjar	min Washingto	on METZ	May 29, 19	DAY YEAR 26. HOUR
1	1 SEX	RACE Washingto	IS DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY	FUNDER I YEAR # UNDER 24 HRS
uce.	male	white	May 13, 1902	78 YRS	MONTHS GAYS HOURS MIN
Sflied at o	78. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Trego, Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NORCED	BALTIMORE CITY OR COUNT Washing	
ou ad 19	Hagerstown	11. NAME OF HOSPITAL, NÜRSIN (# NOT INSUCH FACILITY, GWESTREET Washington Cour	is home or other institution appress; hty Hospital	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12% KIND OF BUSINESS OF INDUSTRY
\$35	13e STATE 13b CO	or other institution, give residence before unity 13c. city or tow shington Hagersto	N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS 401 Pangborn 1	Boulevard
010gg	George I	N. Metz		ha Lizer	LAST
, the me	160 WAS DECEASED EVER IN U.S. (15 YES, C) (15 YES, C) (15 YES, C)	NEWAR OR DATES) NEWAR OR DATES) 176-05-2		ner, 2377 Penna.	Ave., Hag., Md.
Snows any injury, or other to	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART OHER SIGNATION THE DIF OPERATION 21e. ACCIDENT WAS UNDERLYING	ine. un	<i>V</i>	206 AUTOPSY? 206 IF YI	IVEN IN PART 1(a) ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \(\text{NO} \)
9	TIE ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT THE ETHER, NOTHY MEDICAL EXAMIN TIE. N JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EATH HOUR A.M MONTH DA	AY YEAR 19 21 LOCATION	RED JEWIER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2) COUNTY STATE
ANT: If Item 21 15 II	220 I certify that (I) (1)(3)(1)(5)	XIX attended the deceased fram 19 Sonal Sview the body of the Geath.	/ ATTENDING	death accurred on the date and ha	, that (I) (we) las our and from the causes stated 22c. DATE SIGNED 29 May, 1980
IMPORTANT	Richard T. B		1135 Potoma	C Ave. Hagersto	wn, MD 21740
100	BURIAL CREMATION, REMOVE (SPECEY)	May 31, 1980 R	ose Hill Cemetery	Hagerstown, W	ash., Maryland
6 25M 4) 1/79		NICH FUNERAL HOME		REC'D. BY REGISTRAR 251 RESIS	THAT SSIGNATURE



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FOR

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(VRA 15, 4) 7/78

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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je e	with	9.	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR KING LIFE) INDUSTRY
10 3 of	by fi	10	H	agerstown	Garlock Men	11	Cab prive	
212 hour	d in		USU		OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13e STREET ADDRESS	
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WL when	2 sh		14. F/	THER S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		
MAR Pa	and C	211	H	drest T	mornings	ter meta	Reno	Glass
ecut	d co	9	16a V	VAS DECEASED EVER IN U.S. A			ADDRESS	644 Timberlane Dr.
W e	Pag.		W	nknown		-032 David S.	Manager of the second second	agerstown, Md.
ALT ofe b	ysicio opers.	i i		18 CAUSE OF DEATH (Enter of	inly one cause per line for (a), (b), o	nd ici		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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STC	ten ve co			Conditions, if any, which	bue 10, OR AS A CONSEQU	and the second		
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¥ +0	by tose r			underlying cause last.	DUE TO, OR A	more Curu	acolar per	serve
20 tes th	ple	5		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRACTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(a
RDS,	Ther to b	5	NO.			And the land the		
0 3	mit prior		ATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED
IL RE	per ene	2	CERTIFICATION				YES NO Z	PERTIFYING CAUSES OF DEATH? YES □ NO □
/ITA	al-tronsit ntol Hygin		CER	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT.	EM 18, PART 1 OR PART 2)
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ATTENDIN ospital or	or u			saw the deceased alive o	n_ H / L 19	and that in (my) (aur) apinio	n death occurred on the date ar	nd hour and from the causes stated
	REC ped f			abaye (I) (we) (did) (did n	of) view the body ofter death.	DEGREE		21: DATE SIGNED
the h	toch			Le elever	Mountein	MA ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/6/0
PITA	FUNERAL sid be deto	-		23 PHYSICIAN SNAME IVE	OR PRINT)	22e ADDRESS	DIRECTOR PHISICIAL	10/1/00
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TO reto	Of sport	<u> </u>	220	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY		"
nn			230 (SPECIFY)	/	t. View Cemetery		Washington, Md.
ВР			74 F	Burial UNERAL DIRECTOR	, 20 00 1.	250. D	D BY ECKNOWN 25h R	BOSHRAMS SIGNATURE LANGE
	16 50M 1/76 k 15 (4))			NAME	ADDRESS		WHI T. T. 4200	
(, , , ,			A.	W. COLLINSII LAU	eral Home, Inc., H	ageracomitan.		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

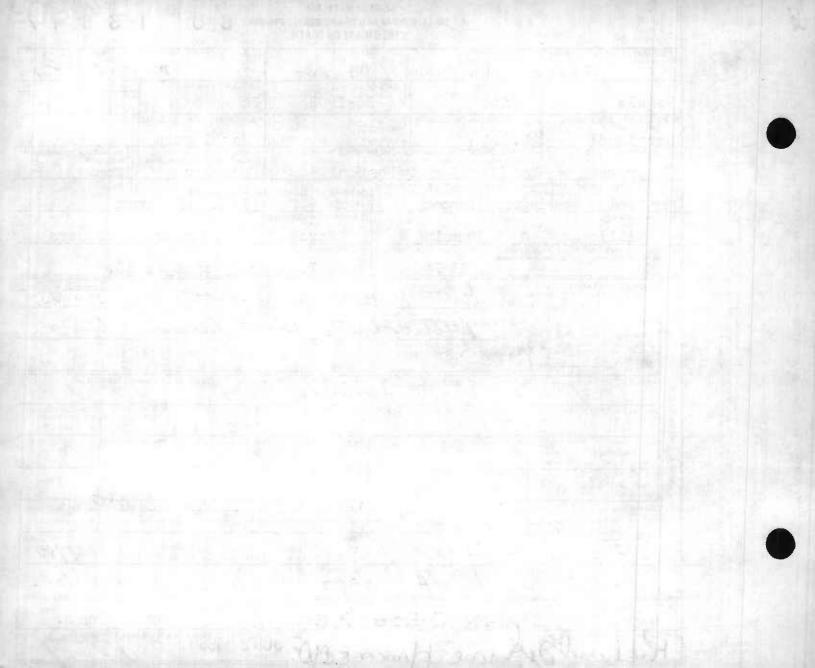
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1				REGISTRAR				ICATE OF DEATH	REG. NO.	
1	e et		1. DE	CEASED NAME FIR		MIDDLE		AST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
5 5	page 3		3 SE		acy May	Neg.	S DATE O	AF DIDYLL	May 4, 1980	M
	n de 4 m	6		Female	Whi	ite		ber 19,1892		FUNDER I YEAR IF UNDER 24 HRS
	deoth. Po	75	7a B	RTHPLACE (STATE OR FOREIGN OUNTRY) Pennsylvania		WHAT COUNTI	MARRIE WIDOWE	D NEVER MARRIED X	Washington County	
	100 00 7	0	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUR	SING HOME	PROTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
100	by the	10		Hagerstown	Coffma	th facility, give ste	for th	e Aging	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
ND 213	filled in ould be	35	USU 13a	AL RESIDENCE (IF NURSING H STATE 13b Maryland	ome or other institution COUNTY Vashington	GIVE RESIDENCE BE	FORE ADMISSION) OWN Stown	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 124 Randolph A	venue
SYLA	rely 2 sh	une.	14 F/	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	
WA	ond and	211		Samuel	MIDDLE	Negle	у	Anna	Elizabeth	Strock
IMORE	n and co	event, the medical		VAS DECEASED EVER IN U (ES, NO OR UNKNOWN) (IFY	.S. ARMED FORCES? ES, GIVE WAR OR DATES)	218-30-		Bertha M. Be:	124 Randolp	
AL RECORDS, 201 W. PR	cian. cian. te has been signed by the sit permit. Then please real green priors to burial, crem		CERTIFICATION	underlying couse lo	ANT CONDITIONS CO	TV 67M	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CONDITION GIVE	WERE FINDINGS USED ING CAUSES OF DEATH?
VISION OF V	of PHTSICIANS IN Strending physicia er this certificate I the burial-transit and Mental Hygie	9	MEDICAL O	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE	Μ.	DAY YEAR 19 CE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ned by the hospital FUNERAL DIRECTOR: uld be detached for us the State Dept. of He	CKIANI: If Item 21 is morked		220.1 certify that (I) (this saw the deceased all	did not) view the body	- 2-18	7 - 40 or	ATTENDING, PHYSICIAN (deoth occurred on the dote and hour bedical STAFF DIRECTOR PHYSICIAN 1	220 DATE SIGNED 5-6-86
•	BP		(BURIAL, CREMATION, REMISSECTIVE BURIAL	236. DATE 5-7-8			EMETERY OR CREMATORY rding Cemeter		OUNTY STATE Washington, Md.
	AH - 16 50M 1/76 (VR A 15 (4))			NAME Coffman	Funeral Ho	me, Inc.	, Hager	stown, Mary	EREC D BY REGISTRAR 216 REGISTR	API SELCOMATURE

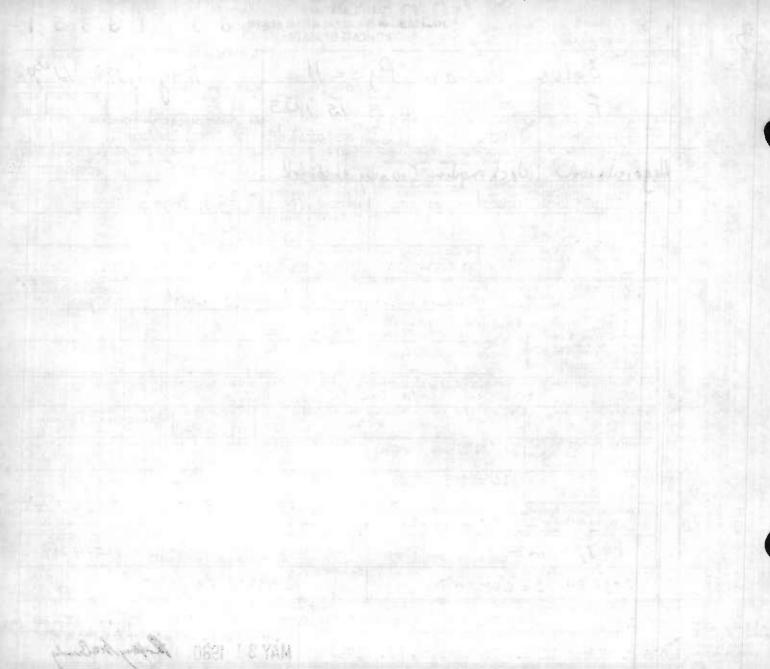
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- 1	3 SE)		AUDE	RACE	LVA	S DATE O			6 AGE (IN YE			IF UNDER 1 YEAR	1:20P
	F	emale		White		July	6 PAY	1884	95		YRS	MONTHS DAYS	HOURS MIN
75	78. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Penna. 10 CITY OR TOWN OF DEATH Williamsport		reign 7h	76 CITIZEN OF WHAT COUNTRY? U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Williamsport Nursing Home		MARRIED				BALTIMORE CITY OR COUNTY OF Washington Co.			DEATH
0			TH 1			NOITUTIT	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TERCHET						
20	13e S Md		136 COUNT	THER INSTITUTION	GIVE RESIDENCE SEFOR	RE ADMISSION)		CITY LIMITS?	130 STREET A	D. #3			
1/0		THER'S NAME Or. Willian	n F	DDIE)	Noble			S MAIDEN NA	ME	MIDDLE		Flemi	ing
1	láa W (Y	(AS DECEASED EVER IT ES, NO OR UNKNOWN)	N U.S. ARMI (IF YES, GIVE W		217-58-		Mrs.		Roger	ADDRESS	Tre 1	D. #2 kessin,	
. [18 CAUSE OF DEATH PART I. DEATH WA	Enter only	one couse per	line for (a), (b), ar	nd icin	*	104				BETWEEN	MATE INTERVAL ONSET AND DEAL
njury, or other froumoric	NO	gave rise to immicause (a), stating underlying couse	lost	((c)_	R AS A CONSEQU		NOT RELATE	D TO THE TERM	NNAL DISEASE	OR CONDI	TION GIV	EN IN PART 10	01
9	CERTIFICATION	19a DATE OF OPERATI	IÓN	1% COND	ITION FOR WHICH	OPERATION	WAS PERF	DRMED	20a AUTO		IN CERTIF	S, WERE FINDING YING CAUSES	
9		218 ACCIDENT WAS UNDE OR CONTRIBUTING CA {IF EITHER, NOTIFY MEDICAL	AUSE OF DEATH	21b. TIME O HOUR A P	M. MONTH D	AY YEAR	21c HOW II	NJURY OCCUR	RED (ENTER NAT	URE OF INJURY I	IN ITEM 18, P	ART 1 OR PART 2}	
	MEDICAL	21d INJURY OCCURRE WHILE NOT WHI AT WORK AT WOR	LE 🖂	21s. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATI STREET	ОИ		CITY OR TOWN		COUNTY	STATE
		22a.l certify that (I) (saw the deceased above. N (we) (di	d alive on		19 19	7/ 80 on	d that in (my		, to	on the date			that (I) (we) lo couses stated
Hen Hen		276 SIGNATURE	R.	Me	luch	No	DEGREE	ATTENDING PHYSICIAN S	MEDICAL DIRECTOR	STAFF PHYSICIA	W 🗌	37c DATE	SIGNED
		Johr			ck, M.D		22e ADDRE	1022	0 Fre				
	23a P	URIAL, CREMATION, R		23b. DATE		NAME OF C	METERY OR	CREMATORY	23d. LOCA	TION		COUNTY	STATE
	- (:	Burial		May 31	.1980 C	dar H	ill Ce	metery		ncastl	e F	ranklin	Pa.

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415 E. Wilson Blvd., Hagerstown, Md. 21740

(VRA 15, 4) 1/79



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If Item

MPORTANT:

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Philip Recher 5-80 Henry 3 SFX 5 DATE OF BIRTH DAYS HOURS 1898 82 Caucasion male To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** NEVER MARRIED COUNTRY Hagerstown Washington Co. USA DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Fahrney-KeedyMem. Hardware [TYPE OF WORK FOR MOST OF WORKING LIFE] Boonsboro Home hardware USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Washington 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 412 N. Potomac St. Maryland Hagerstown YES IN 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Edith Geiger Harry Recher Mary 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT LYES. NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 214-09-4638 Fahrney-Keedy Home, Boonsboro, Md. yes unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY EPICERMOID CARCINOMA OF THYROID WITH METASTASIS YEAR DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (MKIKKIKK attended the deceased from NOV

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saw the deceased alive an MAY 15

aboye, (1) (1) (did nat) view the bady after death DEGREE 22c. DATE SIGNED ATTENDING MAY 16, 1980 PHYSICIAN X DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS WEST WASHINGTON STREET

EDWARD W. DITTO, III, M.D. HAGERSTOWN, MARYLAND

230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 5-17-80 Rose Hill Cemetery Burial

COUNTY STATE Hagerstown, Washington.

and that in (my) (MM) opinian death accurred an the date and haur and from the causes stated

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STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1980 A.K. Coffman Funeral Home, Inc., Hagerstown, Mi.

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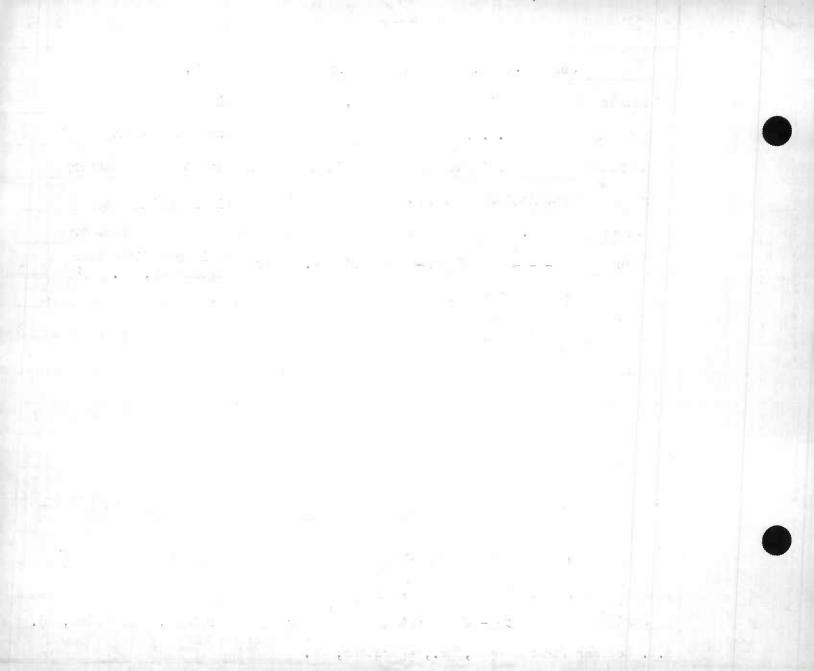
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CERTIFICATION	19	a. DATE OF	OPERATIO	N	19b. CC	ONDITION	N FOR V	VHICH OPE	RATION	WAS PE	RFORA	MED?	- 19							AUTOPS	Y? NO [
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24.	N/	ERAL DIREC			AL	DURESS			ρ. FM	2174		250. DAT	E REC'D.			R 25b.	REGIS	IIP PESS	SIGNAT	A.C.	cody

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		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST		2e. DATE OF DEATH MO		2h HOUR
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	3 SEX		4 RACE	5. DATE OF BIR		6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 H
		Female	White		, °1888 '**	91	YRS	
19	cc	RTHPLACE (STATE OR FOREIGN NEW YORK	U.S.A.	WIDOWED T		Washingto		
19		TY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, NUR UF NOT IN SUCH FACILITY, GIVE STI WASHINGTON	County Hos	pital	Tresident	ORKING LIFE) 12h. KIND O INDUSTRY. Launo	F BUSINESS
5	13a S	aryland Was	or other institution, give residence se inty hington Hager	rstown YES	NO 🗗	13. STREET ADDRESS 2001 Green	field Road	
0	I4 FA	THER'S NAME Joseph	MDOLE AGE		NOTHER'S MAIDEN NAME HENRIC		Buesne	r
1		VAS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 166 SOCIAL SE VE WAR OR OATES) 220-28		ice A. Pax	ton 2001 Gre	enfield Ros	ıd
njury, ar omer traumana	Z	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE TOTAL OF T	OUENCE OF	RELATED TO THE TERM	IINAL DISEASE OR CONDIT	ION GIVEN IN PART 11:	01
-	ICATIC	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WA	C DEDECORMED		AL ISUES WESSERVING	
2	=	DATE OF OPERATION		TOT ENATION WA	AS PERFORMED	YES NO	106. IF YES, WERE FINDING CAUSES YES	OF DEATH?
9	CAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH			11	N CERTIFYING CAUSES YES	OF DEATH?
9	MEDICAL CERTIF	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211		YES NO	N CERTIFYING CAUSES YES	OF DEATH?
9		21d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTHY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19 211 ICE, FARM, ETC.)	LOCATION STREET 19 T in (my) (++++++++++++++++++++++++++++++++++++	YES NO RED (ENTER NATURE OF INJURY IN	N CERTIFYING CAUSES YES N ITEM 18, PART 1 OR PART 2) COUNTY 19 20,	STATE that (I) (we) couses stated
MPORTANT: If Item 21 is marked or Item 18 shaws any		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IN EITHER NOTHY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22s Lettly the III	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY IATHOME, STREET, FACTORY, OFFI	DAY YEAR 19 ICE, FARM, ETC.) DEGR	LOCATION STREET 19 T in (my) (++++++++++++++++++++++++++++++++++++	YES NOW RED (ENTER NATURE OF INJURY IN CITY OR TOWN death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY 19 cond hour and from the	STATE that (I) (me) couses stated SIGNED
29	MEDICAL	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER NOTHY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 12s I centry that III is a proper of the control of the c	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFI THE TOTTENDED THE BODY offer death Comments Comments Comments Comments Comments Comments Comments Comments Comments	DAY YEAR 19 ICE, FARM, ETC.) 211 IM 9 Ond the	LOCATION STREET 19 TH T in (my) (OT) opinion of the control of t	YES NOW RED (ENTER NATURE OF INJURY IN CITY OR TOWN death occurred on the date DIRECTOR PHYSICIAL AVE A	COUNTY 19 20. DATE	STATE that (I) (me) couses stated SIGNED
29	WEDICAL	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IN EITHER, NOTHY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE OTHER HISTORY OF THE STATE OF	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFI THE BODY offer death Contained the deceased from the Body offer death Contained the Body offer death Contained the Body offer death Contained the Body offer death	DAY YEAR 19 ICE, FARM, ETC.) 211 IM 9 Ond the	LOCATION STREET 19 TI IT IN (MY) HOT) OPINION EE ATTENDING PHYSICIAN ADDRESS 19 HOT	YES NOW RED (ENTER NATURE OF INJURY IN CITY OR TOWN AND	COUNTY 19 cond hour and from the	STATE that (I) (***) couses stated SIGNED

DHMH-16 20M (VRA 15, 4) 7/78

A.K. Coffman Funeral Home, Inc., Hagerstown, Md.



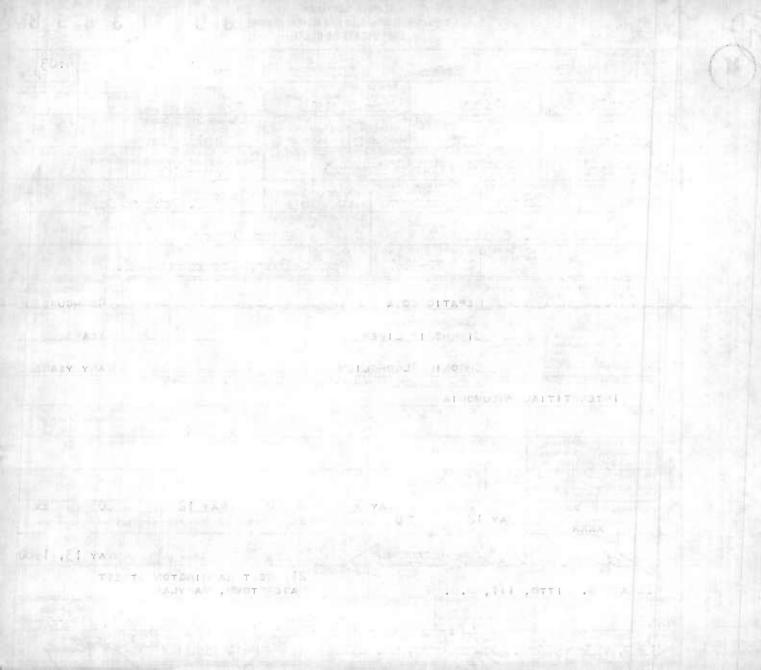
1-	FOR STATE REGISTRAR			STATE OF MARYLAN IT OF HEALTH AND ME AMINER'S CERTIFIC	ENTAL HYGIENE	4 U REG. NO	1 3	8 5	5
	CEASED NAM	E FIRST	MIDDLE	LAST	20.	OF ESTI-	MONTH D	DAY YEAR	10:30
		Јони	WILLIAM	ROWE		DEATH MATED	*****	1 1980	A M
3. SE			MONTH DAY YEAR LA	ST BIRTHDAY) MONTHS DAYS		DATE		DAY YEAR	11:04
	ale		OCT. 11,1930 4		0.5	DEAD M.	AY T	19 80	A M
PU. D	OREIGN COUNTRY)		U.S.A.	MARRIED INEV	ER MARRIED	_			
10. C	Penna		11. NAME OF HOSPITAL, NURSIN	WIDOWED L		Washingt OCCUPATION (TYPE		. KIND OF BU	MD.
Ha	gersto	sum /	Washington Co			n Work	F	or industrarian	
USU	AL RESIDENCE	(IF IN NURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)				armer	
	ENNA.		klin Green	castle 13d. INSIDE CIT	IV LIMITS? I3e. STREET R. D.;	# 2			
14. F	ATHER'S NAM		MIDDLE LAST	15. MOTHER	R'S MAIDEN NAME	WIDDLE		LAST	
	Joh	in I	Rowe		osephine		Pv	rle	
160.	YES, NO, OR UNKNO		AR OR DATES)			ADDRESS			70 -
	yes	Horean		-24-5334 Bet	ty kowe,	R.D.# 2G	reenc		
		F DEATH (Enter only EATH WAS CAUSED I	one cause per line for (a), (b), and BY:	1-1-1		176 776 77		APPROXIMATE BETWEEN ONSET	AND DEATH
	1/4	IMMEDIATE	CAUSE (o) #429 - AR	TERIOSCLEROTIC	CARDIOVAS	CULAR DIS	EASE	5 - 10	YEARS
	Conditio	ns, if any, which	DUE TO, OR AS A CONSEC	DENCE OF					
		se to immediate) stating the under-	(b)	JENCE OF					
	lying cau	use last.	1	541162 01					
7	PART 2 DTHER S	GNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1 (a).				
CERTIFICATION	19a DATE OF	OPERATION	186 CONDITION FOR WHIC	H OPERATION WAS PERFORM	MFD?		1,	2B. AUTOPSY?	-
FICA	The Barre of	O' EMANON	The CONDITION TON WINC	TO ENATION WAS TENION	VIED.		ľ	YES	NOK
ERT	21a EXTERNA	AL CAUSE WAS	21b. TIME OF INJURY		OCCURRED (ENTER NATU	IRE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)		NO (E)
	UNDERLYING	G OR NG CAUSE OF DE	HOUR A.M. MONTH DAY	YEAR					
MEDICAL	21d. INJURY	OCCURRED	21e PLACE OF INJURY (AT STREET, FACTORY, FARM ETC.)			TY OR TOWN	-		
E	AT WORK	NOT WHILE	STREET, FACTORY, FARM, ETC.)	SIMEET	Ci	IY OK IOWN	COUNTY	r	STATE
	22a. I certi	fy that I took charge	of the remains described above, h	eld on Autopsy ,	Inspection X,	Inquiry , and	d in my apinio	on	
	death result		causes X, Accident	, Suicide , Hamici		ined manner .	, ,		
		50 /	2: 0 0	TITLE (SP	PECIFY)				
-	SIGNATURE.	CUERCIEL	WXIND	M.D. DEPU	THEOTER	LEXAMINER	DATE SIGNED	MAY 2.	1980
	EXAMINER'S	NAME FOWAR	D W. DITTO, III	м.п.		ASHINGTON		T	
230 0	(TYPE OR PRI			ADDRESS	HAGER STOWN				
130,0	SPECIFY)	cial 5/		donia Cemete	CITY OR T	OWN	COUNTY		nna.
24. F	UNERAL DIREC	and Columbia			25a. DATE ME DYBY RE		nanka	PROF /2	ooly
16	RANDI	Ihr Zu	ADDRESS He	with D		1500	/		7

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the action of	TeX mostero	. S do	dyn Edwyd	1.1.
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1. Comment Read of Mark County Late County	onor Indahai	, 1484 (\$1-2		- 0,
	e pione s			
		7.55		

5 the 240. 8-12-80 Newles F. Heart, N.O. P.O. Box 248, Smithwayer, ND 21783 e e e The state of the s

133	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N		3 8	5 5
		CEASED NAME	FIRST		MIDDLE	i	AST	2R. DATE OF DEATH		Y YEAR	24 HOUR 4:03
	(TYPI	OR PRINT)	Evel	.yn	LaRue'		SEIBERT	May 12,	1980		4:03 _P
	3 SE	X	4	RACE		5 DATE C		& AGE (IN YEARS LAST OF		ONTHS DAYS	IF UNDER 24 HRS
		female	1530	whi	te		e 2, 1919	60	YRS	JAINS OATS	HOOKS MIN
20	Je B	RTHPLACE (STATE OR FOR	REIGN 7h	CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY	OF DEATH	
55		Maryland			USA	WIDOWE		Washin	aton		м
	10 C	ITY OR TOWN OF DEAT		NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12s USUAL OCCUPATI	ЮN	12h. KIND O	F BUSINESS OF
17		agerstown			gton Coun		spital	housew		WAD OOT KEE	1
25	13n :	AL RESIDENCE IF NURSING	36 COUNTY	Y	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
5		ryland	Washi	ngton	Hagerst	own	YES 🔀 NO 🗋	282 S.	Potoma	c St.	
2. 1	14. F/	ATHER'S NAME FIRST		DOLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	T
71			les H				1	a Drury			
		VAS DECEASED EVER IT	U.S. ARME		166 SOCIAL SECU		17 INFORMANT	ADDRI			
1					214-09-4	26/	Paul Seiber	rt, Hagerst	own, M		
		IS CAUSE OF DEATH	Enter only	one cause per	r line lar (a), (b), and	dicui	Tack the	LE N		SETWEEN O	MATE INTERVAL
		FARTI DEATH WA	MMEDIATE	CAUSE (o)	HEPATIC C	OMA				48	HOURS
		5712		DUE TO, O	R AS A CONSEQUE	NCE OF				450	
		Conditions, if ony,		((b)_	CIRRHOSIS	LIVE	iR			YEA	RS
		gove rise to imme couse 101, stating	the	DUE TO, O	R AS A CONSEQUE	NCE OF					
		underlying cause	lost.	(Ic)_	CHRONIC A	LCOH	LISM			MANY	YEARS
	,	PART 2 OTHER SIGN	IFICANT CO	NDITIONS C	ONTRIBUTING TO I	EATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVE	N IN PART 110	01
	ē			L PNEU							
2	CERTIFICATION	198 DATE OF OPERATI	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?		WERE FINDIN	
Oka	RTIF						[0]. [1]. [10]	YES NO NO	YES		NO 🗆
9		210 ACCIDENT WAS UNDE		116. TIME C	OF INJURY M. MONTH DA	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAF	RT 1 OR PART 2)	
	CAL	I IF EITHER, NOTIFY MEDICAL			M	19					
	MEDICAL	21d INJURY OCCURRE WHILE DOT WHI AT WORK AT WORK	LE 🗀	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
		22s.1 certify that (1)	h hospital) ottended th	ne deceosed from_	MAY	19 19 80	10 MAY 12	1	, 80_	that (I) (**)las
		saw the deceased above (I) (A) (C)	d alive on_	MAY	ofter death	80 ,	nd that in (my) (\$60% opinion of	deoth occurred on the d	ate and hour	and from the	couses stoted
		226. SIGNATURE		1. 1	7. 4	-	DEGREE			22c DATE	SIGNED
		Polis a	4	WK	1 40 7	5 ge	ATTENDING PHYSICIAN	MEDICAL STA		MAY	13, 198
1		22 PHYSICIAN'S NA	ME (TYPE OR PI	RINT)			22+ ADDRESS 217 W	EST WASHING	TON ST	REET	
1		EDWARD W.	DITTO	, 111,	M.D.			STOWN, MARY			
	23a.	BURIAL CREMATION R		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	,	OHNTY	STATE
		urial		May 1	4,1980 Ro	se Hi	11 Cemetery	Hagerst	own, W	ash. , N	Marylan
vi	24 F	UNERAL DIRECTOR A	IINNIC	H FUNE	RAL HOME		250. DATE	REC'D. BY REGISTRAR			
79		415 E. Wils	on Bl	vd., H	agerstown	, Md.	21740 WIF	11 1 9 1980	horse	MAN	ready



	1.	FOR STATE REGISTRAR			DEPAR	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 3 0		3 8	5 9
		CEASED NAME OR PRINT!	Alice	Mad	e e		AFER	20 DATE OF DEATH	7 10, 1		26 HOUR
) ,	3 SE	Femal		RACE Wh	ite		5. 27°, 1894°	6 AGE (IN YEARS LAST BIRT 85			# UNDER 24 HRS HOURS MIN
335	C	RTHPLACE (STATE DUNTRY) aryland	OR FOREIGN	U.S.	WHAT COUNTRY A.	? 8 MARRIE WIDOW	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF		MD
990	Н	agerstow.	n	Aval	on Manor	T ADDRESS	OR OTHER INSTITUTION	126 USUAL OCCUPATION STORES		12h KIND OF INDUSTRY	BUSINESS OR
部5	USU. 13e S M	aryland	13b COUN Wash	other institution ington	Hagers	TOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 163 Sout	h Potar	ac Str	eet
211	14. FA	George	Wa	lter	Dril	1	15 MOTHER'S MAIDEN NA	Anne Anne		StC1%	ir
1. the ring	- (1	VAS DECEASED E' 'ES, NO OR UNKNOWN 'NO	VER IN U.S. ARA (IF YES, GIVE	AED FORCES? WAR OR DATES	214-09-		Mr. Dennis	Shafe, Hage		Maryl	and
r traumatic e		PART I. DEATH	IMMEDIATI	SY. E CAUSE (o)	R AS A CONSEQU	L AR	LYTHMID E ARTENIOSCL	E A 1815 (2)11	ru	BETWEEN ON	ATE INTERVAL ISET AND DEATH
to burial, cremat y injury, or other	N	gove rise to couse 101, st underlying co PART 2 OTHER S	immediate ating the luse last.	ONDITIONS CO	R AS A CONSEQUENCE C//2 CM	UENCE OF LATUR DEATH BUT	Y IN SUFFIC	FNCY		IN PART 1(0)	
shows an	CERTIFICATION	19a DATE OF OPE	RATION 15	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	206 AUTOPSY?	206 IF YES, WIN CERTIFYIN	VERE FINDING	GS USED OF DEATH?
r Item 18		21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2	
narked o	MEDICAL	21d INJURY OCC	URRED OT WHILE TO TORK	21e PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OFFICE	FARM, ETC.	211 LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE
of Healt		22s I certify that	(I) (this hospite eosed olive on e) (didn't did not	4/2.		81/8	nd that in (my) (our) opinion	to 9/10/ deoth occurred on the do	, 19 ite and haur a		nat (I) (we) last ouses stoted
tate Oepl		226. SIGNATURE	Cedu	any				MEDICAL STAF	F IAN 🖸	220 DATE S	IGNED / ST
with the State			AMA	RILLO				ST. HAGE	RSTC	WN	MJ
n > =	- (rial	May 13	3,1980		Hill Cemetery	Hagerstow		The second secon	
-16 25M 5, 4) 1/79	24 FU	NAME MI	NNICH F	UNERAL d. Hac	HOME	. Marv	land 21740 MA	Y 1 6 1990		R'S SIGNATUI	RE 19 0

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IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

1.	FOR - STATE REGISTRAR	DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 U	1 3	3 6	, 0
	CEASED NAME FIRST	MIDDLE	LA	AST		ONTH OAY	YEAR 26. H	HOUR
	Hattie	Hillyer	Shi	rk	May 1	1. 1980	2:	35 PM
3 SE	Х	4 RACE	5 DATE O	F BIRTH OAY YEAR	& AGE (IN YEARS LAST BIRTHO	MONTHS	1 YEAR IF UN	NOER 24 HRS
F	emale	Whi te	Apri	000	92	YRS	UATS HOU	KS MIN
7e. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEA	TH	
	aryland	U.S.A.	WIDOWED	DIVORCED [Washing	ton		MD.
	agerstown	11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GIVE STREET. HOME WOOD Reti	G HOME OF ADDRESS) Temer		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUSEWIF	ORKING LIFE) INDU	STRY Home	INESS OR
130 S	aryland Was	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	AOMISSION)	134. INSIDE CITY LIMITS? YES NOW	130. STREET ADDRESS Virginia			
	ATHER'S NAME FIRST Edwin	B. Rash		15 MOTHER'S MAIDEN NAME FIRST Elizabetl	MIDDLE	Irw	i n	
16e V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS			. Md
,	No	214-34-	1073	Mrs. Laura	Hull 106	Greenm		
NOI	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO D	NCE OF	repeture To the TERMI	Le line NAL DISEASE OR CONDIT	ON GIVEN IN P	ART 1(o)	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED		Ob. IF YES, WERE IN CERTIFYING CA	AUSES OF D	
MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LE FETTHER, MOTHEY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19	21t HOW INJURY OCCURR 21t LOCATION STREET	ED (ENTER NATURE OF INJURY IN	NITEM 18, PART 1 OR PA		STATE
	22a I certify that (I) (this has sow the deceased alive a above, (I) (we) (didd) (did 22b. I NATURE	how the body ofter death.		d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [1]	death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIAL	226.	, ,,,,,,	
/	SOMEY	MOVENS.	IF 1h	FUNK	SSTOWN	m).		
23a. l	BURIAL, CREMATION, REMOVA SPECIFY)	May 13, 1980	St.	Pauls	Clearspri	ng Wash	n. Md	STATE
24. F	MERAL OHE Grale	C Thomas	roon	250 DAW	BEN D BY BECHE BAR 251	REGISTRARSS	CHAMP	rooly

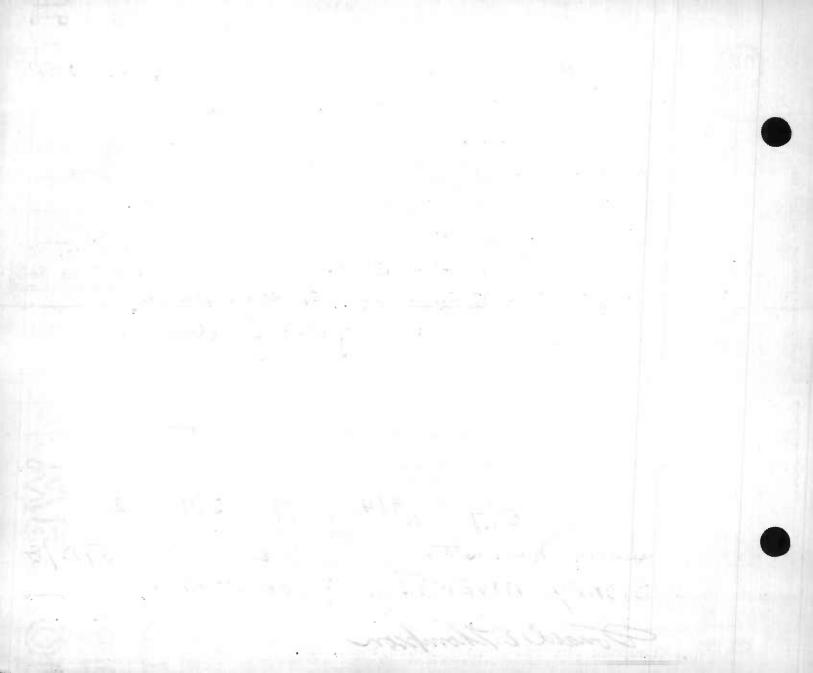
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(VRA 15, 4) 1/79

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Soven, Mashing all		recommend may	Road Ho	R		
		Will a rauli	oll, Inc.,	quido da	Tenzi Mivale i	

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

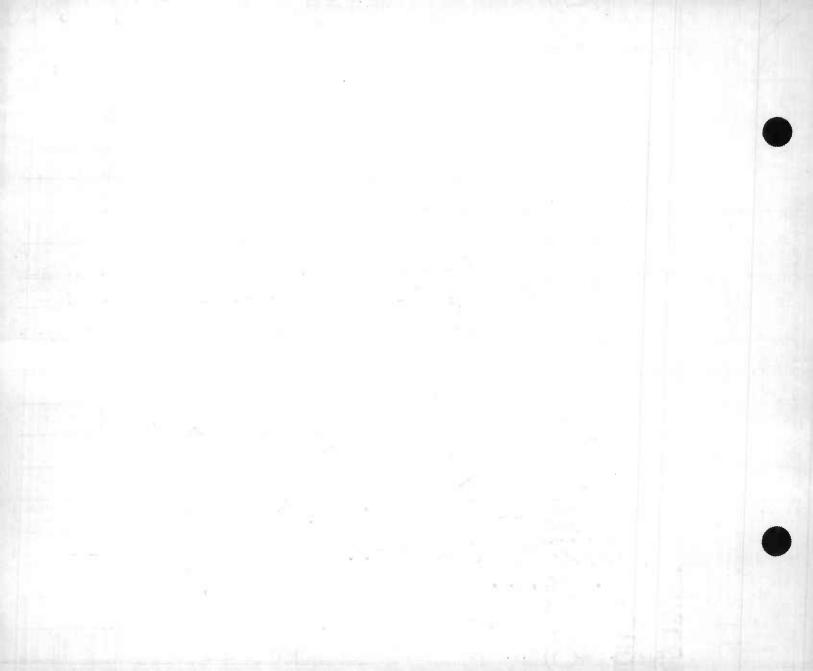
Major M. Osborne P.O. Box 348 Williamsport Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/78



1		FOR STATE	0 8/2/		DEPARTMENT OF	HEALTH	MARYLAND I AND MENTAL HYG	SIENB U	13	3 8	6	5
(M)		REGISTRAR CEASED NAME E OR PRINT)	FIRST Mer:		F Kenner S		LAST	20 DATE KN OF DEATH M	REG. NO.	7 29	80	7 120
PRY, DIRECOUR 72 DN SEE	3. SE	male	Cauc.	Det 9	1898 81		NDER 1 YR. IF UNDER 24 I	PRONOUNCE DEAD	May 2	DAY 1	80	7:30 7:40 7:40
NECESSA FUNERAL S FOR Y W. PRESTO	N	RTHPLACE (STAT		U.S.		WIDOW		Washi	ngon Cou	unty		MD.
LAY IS O THE PAGE FILEE		TY OR TOWN OF Hagersto	own	Weste:		Hosp	ital Center	FOR MOST OF WORKIN Salesman	G LIFE)	ORI	of BUS NDUSTRY	Y
RETAIN BETAIN RECORDS	13a. S	Md.	Carrol	TY	GIVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Westminste		13d INSIDE CITY LIMITS? 13d YESX NO .	STREET ADDRESS 412 Bal	dwin Par	k Dr.	Apt	. Al
DEATH.		Charles VAS DECEASED E	Ful		Stevens	TV NO	15. MOTHER'S MAIDEN N FIRST Margaret 17. INFORMANT	MIDE	Ch	ilds	51	
18. GIVE PAGES 1, WITH FORM PM T PAGES 1 AND S DIVISION OF WITH	100 V	No No	(IF YES, GIVE V	WAR OR DATES)	218-12-61	97	Virginia St	evens Wes	ADBALdwir stminster	, Mar	ylan	1d
ON ST, BALTIMORE, 24 HOURS AFTER DE ITEM 18, GIVE PAGE! LIONG WITH FORM PERMIT PAGES 1 AN PERMIT PAGES 1 AN GIENE, DIVISION OF		PART I DEAT	DEATH (Enter and TH WAS CAUSED IMMEDIAT	E CAUSE (a)	ne far (a), (b), and (c).) Cardio-pulm		failure	425		BETWE	OXIMATE I	AND DE ATH
VITHIN NER A ANSIT AOVAL		gave rise	if any, which to immediate	(b)	Cor Pulmona	1.		415		1	yrs	
EX EX ON		lying cause		(c)		otic	cardiovascul		e	у	rs	
IAL RECORDS, 3 HOULD BE EXEC BO "PENDING" HIEF MEDICAL USED AS A BUI OF HEALTH AND IL CREMATION,	NOI		Occipi	ital and	basilar sk	ull f:	e or condition given in Part 1 racture, int	ra crania	l hemato			
〇の下づと 3	CERTIFICATION	19a. DATE OF O			DITION FOR WHICH OPE					YE	TOPSY?	NO 🎇
THE TO TH	MEDICAL CE	,	OR CAUSE OF D	DEATH ? P.	M. MONTH DAY YEA M. Dec. 6 197	9 fe	ow injury occurred (i			PART 2)		The se
R: THIS CER' TE, WRITING DRWARDED T: PAGE 3 S STATE DEP	MED	21d. INJURY OC WHILE AT WORK	NOT WHILE C	STREET, FA	CYORY, FARM, ETC.) Sales		roll Cyt Mot	ors West		COUNTY	M	STATE d.
EXAMINER: 1 CERTIFICATE, LID BE FORV DIRECTOR: P WITH THE ST ARYLAND, 21	R	22a. I certify death resulted		e of the remains d	escribed abave, held an Accident	Autap Suicide		X Inquiry		apinian		
		ACTUAL SIGNATURE	Howald	2 RM	in a	hr) "	TITLE (SPECIFY)	MEDICAL EXAMIN	DAT VER SIG	E NED May	29,	1980
TO MEDICAL I EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTMORE, M		Title On the ti	1		itch, Jr. M		ADDRESS 138 E.		St., Ha	gerst	own,	Md.
Bb———		URIAL, CREMATIC SPECIFY) Burial	ų,	3b. DATE une 2, 1	980 Pike C			New Wind	lsor, Car	roll,	Md.	ATE .
DHMH - 17 (VR A15 ME (5))	1	17. Si	alu H	OWI	Mgs Milks,	Md.	75a. DATE	BA KELTHOWA	ZSB. SPENIETY AND	Promoti	Dody	

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Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mar yland 10 CITY OR TOWN OF DEAT Hagerstown USUAL RESIDENCE (IF IN NUR.)	E S DATE OF BIRTH UC. July 22, 75. CITIZEN OF WHA	YEAR 6. AGE (IN YEARS LASS ARTHDAY) 1918 YRS.	touts IF UNDER 1 YR. IF UNDER 2	PRONOUNCED DEAD	24 80 6:00 MM
Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mar yland 10 CITY OR TOWN OF DEAT	Lee S DATE OF BIRTH COLUMN DAY July 22, Th. CITIZEN OF WHA USA	YEAR 6. AGE (IN YEARS LASS AIRTHDAY) 1918 YRS.	IF UNDER 1 YR. IF UNDER 2	OF ESTI May DEATH MATED May 4 HRS. 2c. DATE MONTH MIN PRONOUNCED May	24 80 6:00 MM
male car Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10 CITY OR TOWN OF DEAT Hagerstown USUAL RESIDENCE (IF IN NUR.	uc. July 22, 7b. CITIZEN OF WHA	1948 31 YRS.		MIN PRONOUNCED MON	DAY YEAR 2d HOUR
FOREIGN COUNTRY) Maryland 10 CITY OR TOWN OF DEAT Hagerstown USUAL RESIDENCE (IF IN NURS	76. CITIZEN OF WHA	T COUNTRY2		DEAD	24 80 6:00 PM
9 Hagerstown USUAL RESIDENCE (IF IN NUR	THE DISAME OF HOSPI		ARRIED NEVER MARRIE	9. BALTIMORE CITY OR COUN	TY OF DEATH
USUAL RESIDENCE (IF IN NURS		TAL, NURSING HOME, OR	OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK	7410.
DOONE WESIDE INCE IN HA HOW	Washingto	n County Hos	spital(DOA)	carpenter	Construction
		Brunswick	13d. INSIDE CITY LIMITS? YES A NO	13e. STREET ADDRESS 11C Street	
14 FATHER'S NAME (St		LAST	15 MOTHER'S MAIDEN	NAME	LAST
Howard	Lester	Ingram	Mary	Patricia	Stouts
160, WAS DECEASED EVER II (YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR DATES) Vietnam	215-42-3972	Howard L.	Ingram - Harpers F	e 1, Box 197 erry, WV25425
PART I DEATH WA	H (Enter only one couse per line for AS CAUSED BY: IMMEDIATE CAUSE (o)	r (o), (b), and (c).)		E-910	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if or gave rise to i couse (a) stating the lying cause last.	ny, which immediate (b)	S A CONSEQUENCE OF			
	CONDITIONS CONTRIBUTING TO OFATH BUT	NOT RELATED TO THE TERMINAL D	PISEASE OR CONDITION GIVEN IN PART	1 (a).	
190. DATE OF OPERAT		ON FOR WHICH OPERATIO	ON WAS PERFORMED?		20. AUTOPSY?
	HOUR ANA	May 24 SO		(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF P swimming in potoma	ART 2)
UNDERLYING CONTRIBUTING C 21d. INJURY OCCURRI WHILE NOT V AT WORK AT WO	VHILE STREET, FACTOR	INJURY (AT HOME, 21	Feeders Dam B	akerton co	OUNTY W.VHATE
220. I certify that I the death resulted from:	took charge of the remoins descri	bed obove, held an A	utopsy . Inspection . Homicide . TITLE (SPECIFY) deputy	Undetermined monner .	May 24 1090
SIGNATURE	Harold R. Trito	ch,Jr.M.D.	M.D	medical examiner	IED
220. I certify that I to death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, RE	EMOVAL 23b. DATE	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION CITY OR TOWN COL	UNTY STATE
	J /- 0 10 -			CITY OR TOWN COL	
Burial 24. FUNERAL DIRECTOR	5/28/80	Samples Ma	nor Cemetery	Samples Manor, Wa	sh., Md.

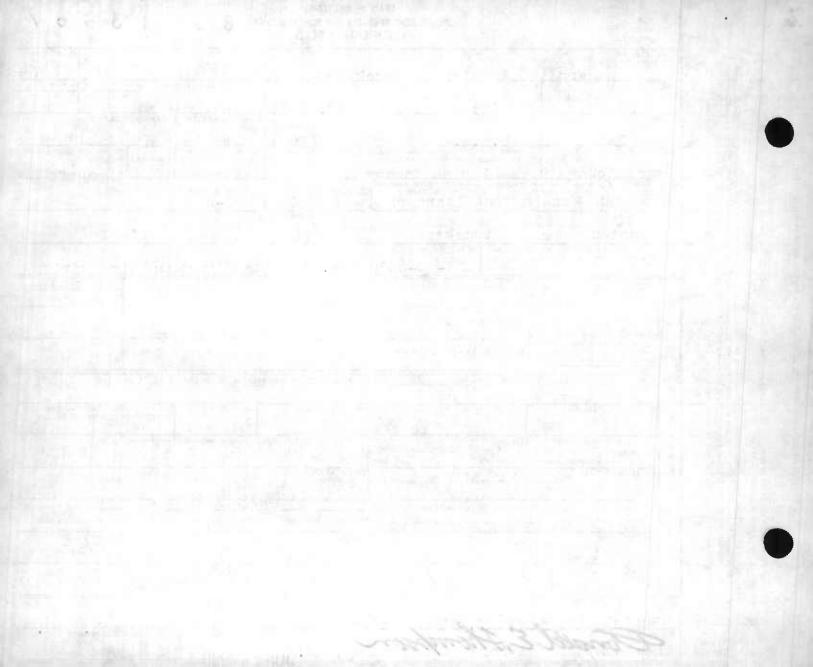
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79



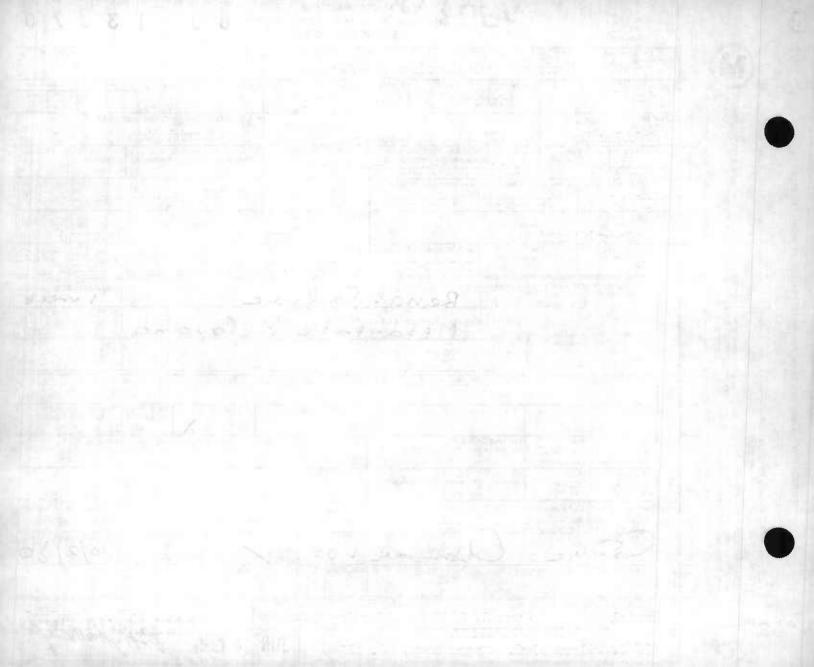
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12		-	FOR STATE REGISTRA			DEPAI	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 0	10	3 8	6 9
			DECEASED NA	ME FIRST		MIDDLE		LAST	20. DATE OF DEATH		AY YEAR	2b. HOUR
e de la		L	CORPRINT	Eugene	FO	NZIE	UNGE	R	May 1	2, 1980)	м
1		3	SEX		4 RACE		5. DATE (6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
44)		MALE		WHITE			EMBER 27, 1935		44 YRS		
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is offer in			HAGERST	Maria de Caracteria de Car	(IF NOT IN SU	HOSPITAL, NUR ICH FACILITY, GIVE STR GTON COU	EET ADDRESS)	OR OTHER INSTITUTION SPITAL	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST I HEARDSMAN	OF WORKING LIFE	12b. KIND C INDUSTRY	OF BUSINESS OR
24 hour	must be	1	SUAL RESIDENCE MARYLAN	E (IF NURSING HOME O 13b, COU WSAH	NTY INGTON	13c CITY OR TO HANCOC		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS ROUTE # 2			
within etely 32 sh	Dine	1	FATHER'S NAM	ΛE	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			I.A.	ST_
omple omple	502/	2	FONZIE	NE NE	WTON	UNGER			LEAÑOR VIRGINIA MCMANÚS			JS
e execu	medical	1	WAS DECEAS	ED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDR	RESS		
3 9 5		-				214 34 0287 MRS.WANDA A/ I. LINGER SAME AS 13 see per line for (o), (b), and (c).1 BETWEEN ONSET AN	I I I I I I I I I I I I I I I I I I I					
ificate physical apaper	ewood.		18 CAUSE PART I.	DEATH WAS CALIS	ED RV.					SAME AS 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes		
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by the	ar ather			, stating the couse lost.	DUE TO, C	OR AS A CONSEC	QUENCE OF					
ned pley				HER SIGNIFICANT	CONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	UDITION GIVE	N IN PART 1	0)
P s	5. 0		19a DATE O		Tun cons		Su observa	WALL BERESON OF	Tan AUTORSV2	Tank IF VEC	WERE FINDI	106 11650
nn. has been permit.	Mental Hygiene priar ar them 18 shows any ii	71	S 190 DATE O	FOPERATION	19b. CONU	DITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	ING CAUSES	OF DEATH?
icran ite h	Hygien 18 shov	4	210 ACCIDE	IT WAS UNDERLYING	21h TIAAF (OF INJURY		21c. HOW INJURY OCCU	YES NO	YES		ио 🗆
ding physicio is certificate burial-transit	ol H)	- 6	00.00.000	TING CAUSE OF DE	ATH HOUR A	.M. MONTH		The How major occor	CRED (ENTER INALORE OF INSI	OKT IN HEM TO, PA	MITORPART 23	
HYSIC nding his cer	Aental r frem			OCCURRED		OF INJURY	19	211 LOCATION				
中中中				NOT WHILE		TREET, FACTORY, OFFI	CE. FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
After as t	Health and is marked		AT WORK	AT WURK	(Apl) attached t	to disconfeed from	1011	179 10	5/15	1	080	short (November)
OR ATTENDIN ne hospital or DIRECTOR: A oched for use	of Health 21 is mad		sow ff	y that () (this hosp	n	4/600		nd that in (ny) (our) opinion	death occurred on the c	dote and hour		
	hem 2		Dbove,	e) (did) (did n	of) view the bad	yoffer death.		DEGREE		19 & O , that (1) (we) lost d on the date and hour and from the causes stated		
ALOR A y the hos AL DIREC detoched			16	10/	11	20	· n	ATTENDING	MEDICAL STA	AFF		
by the ERAL	Stote -	\dashv	22d PHYSIC	IAN'S NAME (TYPE	OR PROMO	user	7,11	PHYSICIAN	DIRECTOR PHYSI	ICIAN []	5/_	16/80
O HOSPITAL etoined by the TO FUNERAL should be detailed by the should be detailed by the total b	with the State D		Ch	arles C	. Spend	cer, M.		1198 Kenly		Hager	stown	, MD
BP		2	30. BURIAL, CRE.	mation, remova L	23b. DATE 5/15/			EMETERY OR CREMATORY ET PRESBYTERI	AN HANCOCK	WASHI	NGTON,	MD.
DHMH - 16 50M	7/77	1	TUNERAL DIR	CTOR A	1.0	ADDRESS	,	250 DA	TE REC'D. BY REGISTRA			TURE
(VR A 15 (4))		Kir	and	DOF	une t	YAnc	ack MOMAY	10 6 1000	Pikan	, Mach	rody
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The declinated of the series and the series of the period of A MINE TO LOTE OF YEMORE ASSOCIATED AND IN CONTINUED

	1.	FOR STATE REGISTRAR		STATE OF MARYLAND PARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H REG. NO.	7 0
		CEASED NAME FIRST The:	Lma Cathe	rine VIMONT	May 29, 1980	HOUR
nce.	3 SE	female	white	May 21, 1912	The factorial fa	UNDER 74 HRS
E Ped at o		RTHPLACE (STATE ORFOREIGN OUNTRY) California	76 CITIZEN OF WHAT COUP	MARRIED NEVER MARR	Tilla colorina colorina	М
or ad 79		ity or town of DEATH	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) County Hospital	ON 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	USINESS OF
aminer mu	13n	STATE 136 CO		e refore admission) R TOWN 134. INSIDE CITY LI PESTOWN YES NO	CMO O 1 mm133 -	
odical exa		ATHER'S NAME Joseph McKr		G	race (unknown	
t, the me		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G NO	IVE WAR OR DATES)	22-7452 William	J. Vimont, 8002 Hickery Forre	st,
ene prior to burial, cremation, or shows any injury, or other traum	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse to stoting the underlying couse lost PART 2 OTHER SIGNIFICAN' 19a DATE OF OPERATION		etastatic SEQUENCE OF	HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 200. AUTOPSY? 10b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	USED DEATH?
Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	BEATH HOUR A.M. MONTH		YES NO NO YES NO CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	40 🗆
th and Men marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, C	21f LOCATION	CITY OR TOWN COUNTY	STATE
<u>0</u> .0		22a.1 certify that (I) (this has sow the deceased alive of	pital) attended the deceased		, ta, 19, that opinian death occurred on the date and hour and from the cau	t (I) (we) las ses stated



.ek ofin do 70% mediano W. 20, 191 CASE OF STREET m. es a a s A strong for the same of the s beordist Juintibut | Latinon County Juno and and another and Maryland | Wandington Sharpabure A Houte | Line 13b-A (meaner) to a site of the contract of the cont 129 Jain Obraco --- 705-10-675 Ubaries . Laite 47. Parestann, M. the partition of the second se The South of the S sorie C. mann P. M.D. 1827 Camill on . Course out, Natylets 2174. nitronios norgaliani, encidente, en etteroras 12 anos. 0 -88-3 - faitus ... Coffman innerel Home, Do., Saler stown, Mil.

			STATE OF MARYLAND		
1		DEPART		0 0	3 8 7 2
1.00		WORLE			
	E OR PRINT)		LASI	20 DATE OF DEATH MONTH	DAY YEAR 25. HOUR
	KERMI	T S	WHITLOW	May	28 80 5°P
3 SE	X ALL	4 PACE	5 DATE OF BIRTH	6. AGE 1IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	Caucasian	Aug 29 67	72 YRS.	MONTHS DAYS HOURS MIN
		TE CITIZEN OF WHAT COUNTRY	No.	1 BALTIMORE CITY OR COUNT	Y OF DEATH
LV	iralnia	USA			ton "
10 0	ITYOR TOWN OF DEATH			128 USUAL OCCUPATION	125. KIND OF BUSINESS O
L	agenstown	Colton Villa	- Nursing Cente	e Nospital Attend	lent Hospital
USU 13g	ARRESIDENCE (IF HURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) VN. 134 INSIDE CITY LIMITS?	130 STREET ADDRESS	
	laryland Wash	hington Casca	de YES NO X	Rt.#1 BO	x 37 I
14 F		AIDDIE 1 LAST			1244
7	William Fo	lward Whit			Hardina
Iáa.	WAS DECEASED EVER IN U.S. ARA			ADDRESS	
		213-05	-2719 Esther W	Ihitlow, Rt. 1 Box:	BT I Cascade
-				, M. O.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED	D BY			
	1/G / IMMEDIATI	E CAUSE (a)	marketing 1-22		pu min
	416-	DUE TO, OR AS A CONSEOU	ENCE OF		144
	Canditians, if any, which gave rise to immediate	(b)	2679		79
	cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
		(c)			
z	4.1			MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
1 등				Lan autonoma Manuel	C WERE CHIRDHAN
Š	140 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
1 2					res NO
			AY YEAR 21c HOW INJURY OCCU	RRED JENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M	19		
AED A		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
1	AT WORK AT WORK				
	220 I certify that (I) (this haspit				, 19
	saw the deceased alive on		and that in (my) (aur) apinia	n death accurred an the date and he	our and fram the causes stated
	226 SIGNATURE		DEGREE		226 DATE SIGNED
10	20 - 12 - 12	vasatorite		MEDICAL STAFF	5,30,80
1	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	220 ADDRESS	DIRECTOR PHISICIAN	
			(600 OAK	HILLAVE, HAKE	RSTOWN, MO 217
120					
	(SPECIFY)	5-31-80 7	11.110 -		COUNTY
	1300101	1.3".11"00 6	ose HIII Gemele	RU TAGERSTOWN	1 11 11 36 11 6 61
24.5	TAKE IVA	7 17	/// 54 14 0		AVANS SICHATI
10	UNERAL DIRECTOR PARE N. MINN	· 11 305 M	Potonic St. 136. D.	ATÉ REC'D. BY REGISTRAR HA REC	ofting Hetredy
	NEDICAL CERTIFICATION	1 DECEASED NAME (TYPE OR PRINT) 3 SEX 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10 CITYED TOWN OF DEATH 11 CAUSE OF DEATH (11 CENTER ON OR CONTRION) 11 CAUSE OF DEATH (12 CAUSE OF DEATH (13 CAUSE OF DEATH (14 CAUSE OF DEATH (15 CAUSE OF DEATH (15 CAUSE OF DEATH (16 CAUSE OF DEATH (16 CAUSE OF DEATH (17 CAUSE OF DEATH (18 CAUSE OF	1. DECEASED NAME FIRST MISSIE 1. DECEASED NAME FIRST MISSIE 3. SEX AGE CAUCASIAN 1. DECEASED NAME FIRST STATE OF MISSIE 1. DECEASED NAME FIRST STATE OF MISSIE 1. DECEASED NAME FIRST STATE OF MISSIE 1. DECEASED NAME COUNTRY: 1. DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM TO MISSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM TO MISSIE 1. DEATH NAME MADDLE CAUSE OF DEATH (ENTER ONLY OF MISSIE COUNTRY) 1. STATE	DEPARTMENT OF HEALTH AND MENTAL HY STATE REGISTRAR DECEASED NAME PROT S DATE OF BIRTH DATE TO BIRTHPLACE (STATE OR FORECH COUNTRY) TO BIRTHPLACE (STATE OR FORECH COUNTRY) TO COUNTRY) TO COUNTRY TO COUNTRY TO COUNTRY TO COUNTRY TO COUNTRY TO SOUTH TO COUNTRY DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRA DECASED NAME THE COSTRUM DECASED NAME THE COSTRUM TO STATE OF DEATH NAME OF THE STATE OF DEATH TO STATE OF DEATH TO STATE OF DEATH NAME OF THE STATE OF DEATH TO STATE TO STATE OF DEATH TO STATE OF DEATH TO STATE OF DEATH TO STATE	

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	1.	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 7 3 CERTIFICATE OF DEATH REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 126 HOUR									
7 25		OR PRINT)	IRST						20 DATE			DAY YEA	2 2b H	OUR P.
4 84	-		proth		Mae		liams			Ma		1980	8	3:35 M
	3 SE	X	4	RACE		5 DATE C		YEAR	6 AGE IIN	YEARS LAST BIRT	HDAY)	MONTHS O	EAR IF UN	DER 24 HRS
6/13		Female	0.2	White		Nov.	17.	1914	6	5	YRS.	MONTHS	NOOK	3 MIN
2	7a B	IRTHPLACE (STATE OR FOREK	GN 7b	CITIZEN OF	WHAT COUNT	RY? 8	WINIEVED	MARRIED [9 BALTIM	ORE CITY O	R COUN	TY OF DEATH	1	
in 7		Ohio		U.S.	A.	WIDOWE		IVORCED	Jashin	gton C	ount	v.		MD.
with with	10 C	ITY OR TOWN OF DEATH	11		OSPITAL, NUI	RSING HOME C	R OTHER INS	STITUTION	12- 11511A	L OCCUPATION	ONL	101 1015	D OF BUS	NESS OR
by the		Hagerstown	1	Washin	gton Co	unty Ho	spital		Cler	ical	WORKING	Ti+1	" Ins e ser	vice
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etely 12 sh	14. FA	ATHER'S NAME					15 MOTHER	'S MAIDEN NA						
aldmo 7502		Ernest	J.	•	Mille	r	В	ertha		WIDDLE	We	stbroo	k LAST	
ÿ - , a	160 V	VAS DECEASED EVER IN I	U.S ARME	D FORCES?	166 SOCIAL S	ECURITY NO	17 INFORM			ADDRE		0 00 200	**	
S. Poges		YES, NO OR UNKNOWN) (IF	YES, GIVE WA	AR OR DATES)	234-01	-6604	Edmo	nd S. V	Villia	ms-Mar	tins	burg,	W.Va.	
troote popersovol.	\Box	18 CAUSE OF DEATH E	nter only o	one couse per	line for (o), ib	, and ic			-			APP BETW	ROXIMATE IN EN ONSET A	TERVAL ND DEATH
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or r		430-		DUE TO OF	AS A CONSE	QUENCE OF							-	13-17
ottonding otton, or troumotic		Conditions, if ony, wl		(b)_	NFAR		- LEF	T CE	REBR	AL HE	MISI	PHERE		
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9 0 5		PART 2 OTHER SIGNIFIC	CANT CON	NDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEA	SE OR CONE	ITION G	IVEN IN PART	Ital	-
Then r to bu	CERTIFICATION													
been prior ony in	1 8	190 DATE OF OPERATION	Ν	196 CONDI	TION FOR WH	ICH OPERATION	WAS PERF	ORMED	20a AU	TOPSY?	20b. IF Y	ES, WERE FIN	DINGS US	ED
hos the	E								YES []	NO		ES [NO NO	
is certificate hos buriol-transit per Mental Hygiene or Item 18 shows] 🗒	210 ACCIDENT WAS UNDERLY	lund.	216. TIME OF		DAY YEAR	21¢ HOW IN	NJURY OCCUR	RED (ENTER	NATURE OF INJUR	Y IN ITEM 18	, PART 1 OR PART	2)	
certific prol-tra- entol tra- lfem 1	¥.	OR CONTRIBUTING CAUS		P./		DAY TEAR								
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the ond ced	× ×	WHILE AT WORK		I AT HOME, STR	EET, FACTORY, OFF	ICE, FARM, ETC]	STREET			CITY OR TOW	N	COUNTY		STATE
or o Se os eotth s mork		220-1 certify that (I) (thi	is hospital)	attended the	deceased fro	M APR	16 6	10. 80) to	MAY	1.	19 80		(we) lost
D ROLL		saw the deceased o	alive an	MAY	() (our) opinion	death accur	red on the do	te and ho	our and from	the couses	stoted
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		71		18	R	D MI A		ATTENDING	MEDICA	L STAF	F	1-	laca	80
0 11 11 10		22d. PHYSICIAN'S NAME	COLLE	M D.	Pyre	A MILI	22e ADDRE	PHYSICIAN [DIRECTO	R PHYSIC	IAN	1/	may	00
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	23a E	BURIAL, CREMATION, REA	MOVAL	236. DATE	2	3c. NAME OF C	EMETERY OR	CREMATORY		ORTOWN		COUNTY		STATE
		Burial A	A A	May 4.1	1980 R	osedale	Cemet	erv	Mar	tinsbu	ro B	orkolo	v W.	Va.
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DIVISION OF VITAL RECORDS.

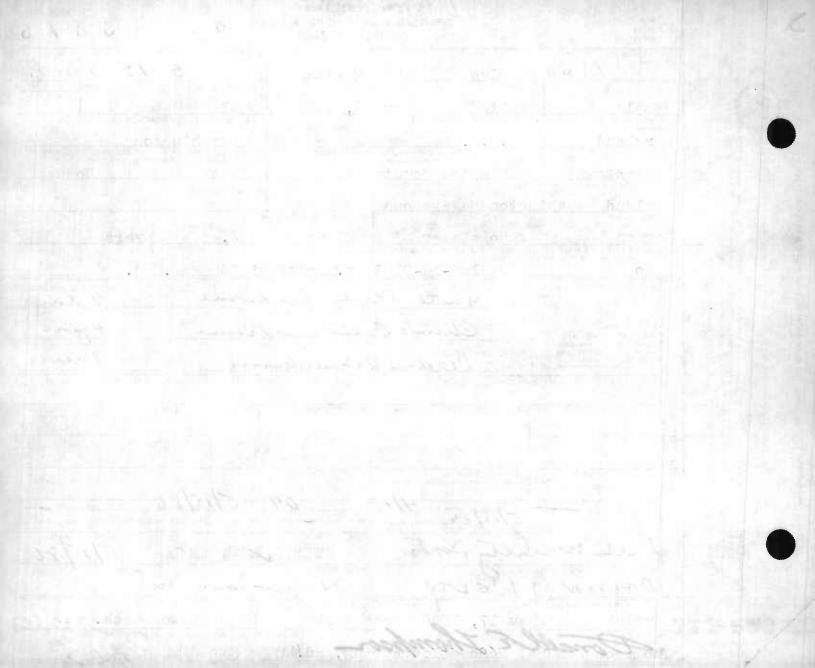
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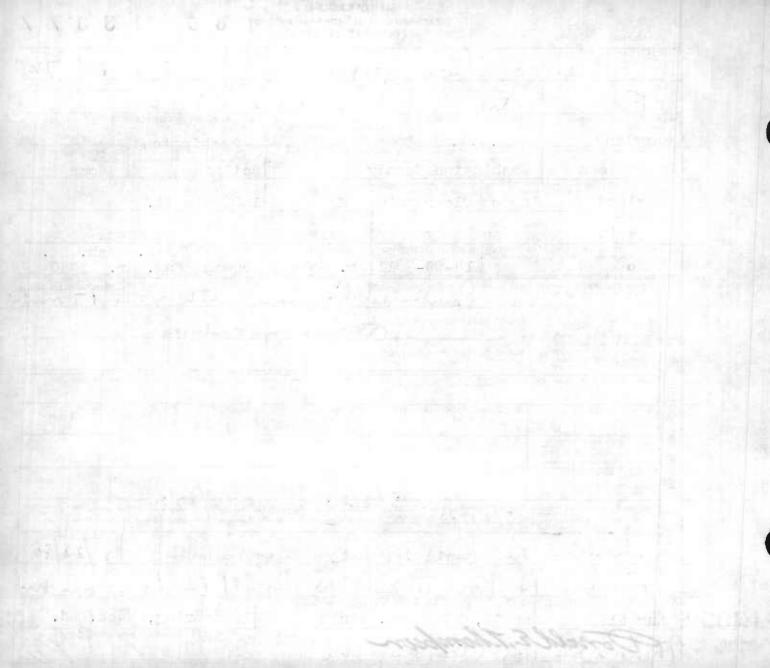
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME 2b. HOUR TTYPE OR PRINT) OF ESTI- X-S NECESSARY, PLEASE E FUNERAL DIRECTOR. S FOR YOUR FILES. D, WITHIN 72 HOURS, W. PRESTON STREET Kenneth Eugene Wink 4 RACE S. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IE UNDER 24 HRS DATE 2d HOUR PRONOUNCED 34 Feb. 26 1946 male. 19 80 cauc. 5:20 Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. WIDOWED DIVORCED TO Washington Co. Penna. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Hagerstown Welder Washington Co. Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 13e STREET ADDRESS 13d. INSIDE CITY HMITS? Washington Md. Smiths burg NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME OF VITA MIDDLE MIDDLE LAST Holland Wink Lelia Crum 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 129 W. Second St. (IF YES, GIVE WAR OR DATES) Yes Vie tnam 164-36-5688 Mrs. Reverly Calimer Waynesboro, Pa. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Crainiocerebral injury N-854 IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF Motor vehicle-fixed/moving collision E-815 onditions. if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to **IFICATION** 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED 1 ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 OID THOUB A.M. MONTH DAY YEAR UNDERLYING X OR MEDICAL CONTRIBUTING CAUSE OF DEATH passenger in an auto accident KX May 24 1980 218. PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STATE W.Va. nr Williamsport Wash. Md. DIRECTOR: 22a I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted from: Natural causes Suicide Homicide Undetermined manner MEDICAL E RECUTE THE C NGE 4 SHOUN FUNERAL D DATE May 24, 1980 MEDICAL EXAMINER EXAMINER'S NAME Harold R. Tritch, Jr. MD. ADDRESS 138 E.Antietam St. Hagerstown Md. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 5/28/1980 Green Hill Cometery. Waynesboro Franklin Penna. BP. 250. DATE RECID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS Waynesboro, Pa. (VR A15 ME (5)) 15M 7/77

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				STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	0 0	13876
	1 DF	CEASED NAME FIRST	MIDDLE	IAST	REG. NO.	DAY YEAR 26 HOUR
6		ORPRINT) MAR	V T	MALELLI	5	15 80 3 Am
	3 SE		V IVA	S DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
eg.	100	owala		MONTH DAY YEAR	0.7	MONTHS DAYS HOURS MIN
at on	70 B	emale RTHPLACE (STATE OR FOREIGN	White The CITIZEN OF WHAT COUNTY	TRY?	9 BALTIMORE CITY OR COUN	
RA	100	arvland	U.S.A.	MARRIED LI NEVER MARRIED L	_	
no tr		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
379	Н	agers town	Washington		(TYPE OF WORK FOR MOST OF WORKING	
must	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	DEFORE ADMISSION)	Home	Home
135				TOWN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS	
ехап		THER'S NAME		15 MOTHER'S MAIDEN	NAME	
3211	N	orman	Holsinge	r Eliza	J. MIDDLE	Avers
E	1ás. V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO 17 INFORMANT	ADDRESS	1761.8
the the	()	es, no or unknown) (IF yes, given NO	E WAR OR DATES)	6-9753 Mr. Frank	Nield Hag. N	Id.
/ent,			nly ane cause per line for (a), (b	S-77 Januaria	MIGIO HAR I	AN ROXIMATE INTERVAL BETWEEN ONSET AND DEATH
traumatic event,		PART L DEATH WAS CAUSE	D BY	te Stroke Sin	idrome	4 days
nwa		421 - IMMEDIA	TE CAUSE (a)	0		1
other trai		Canditions, if ony, which		EQUENCE OF Brain Com	drome	4 year
other		gave rise to immediate cause (a), stating the	16)			0
ă		underlying cause last	DUE TO, OR AS A CONSI	els. I Andrainele	suris	? years
ınjury,	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION C	GIVEN IN PART THE
vs any	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WI	HICH OPERATION WAS PERFORMED		'ES, WERE FINDINGS USED
swows	TIFIC					TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
E G	CER	210. ACCIDENT WAS UNDERLYING			URRED (ENTER NATURE OF INJURY IN ITEM I	
or Item		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
marked or	MEDICAL	214 INJURY OCCURRED	21R PLACE OF INJURY	211 LOCATION	CITY OR YOWN	COUNTY STATE
	*	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OF	FRE, FARM, EIG J	CITY OR TOWN	COUNTY STATE
2		22a.1 certify that (1) (this hospi	itah attended the deceased fr	am 4/13 196	4 10 5/13/80	, that (1) (we) last
		saw the deceased alive an	at) view the bady after death.	19, and that in (my) (out) apinio	an death occurred an the date and h	aur and fram the causes stated
		224 SIGNATURE	A The body direr death.	DEGREE		224. DATE SIGNED
		Della M.	whelly 120	ATTENDING PHYSICIAN	MEDICAL STAFF	5/13/80
MPORTANT: If Item		224. PHYSICIAN'S NAME (TYPE O	PRPRINT)	22e ADDRESS		0
5		DALTONA	1. WELT	y Hey	us fown, In	V
2	23a E	URIAL, CREMATION, REMOVAL	1	23c NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
- 53		Burial	May 17, 19	O Rose Hill	Hagerstown	Wash. Md.
25M		INERAL DIRECTOR	UE IN	mhaon 250. D	PATE REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
1/79	1	hompson Fune	ral Home Cl	earspring, Md MA	Y 2 2 1980 deigh	how Beer Property





			E OF MARYLAND						
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH							
REGISTR				REG. 140.	0 0 1 0				
1. DECEASED (TYPE OR PRINT)		. Conrad	LAST	OF ESTI-	li o				
	20 11 11	1.73	ZEPP	DEATH MATED A MA	1.				
J. SEX	4. RACE S.D.	ONTH DAY YEAR LAST BIRTHDA	RS IF UNDER 1 YR. IF UNDER 2 Y) MONTHS DAYS HOURS	MIN. PRONOUNCED BAAN	26. HOUP				
111	CHUC.	OCT 21/900 791R	S	DEAD MAY 2	אמר				
TO BIRTHPLAC	NTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED - NEVER MARRIE	9. BALTIMORE CITY OF COL	UNTY OF DEATH				
D CITY OD Y	OWN OF DEATH	UJH.	WIDOWED DIVORCE		MD				
1110RTC	ERS TALLA	NAME OF HOSPITAL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	LEN GR	120. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	OR INDUSTRY				
MISITAL PESIDI	NCE HE INTERIOR HOUSE OF OTE	WESTERN I HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	MD. MEDICA	L CANNING	CANNI				
130. STATE	MD PRO COUNTY	RROLL WESTMI	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS LR.	ANE EEN MEADO				
14 FATHER'S I	NAME	DDLE LAST	15. MOTHER'S MAIDEN	NAME	LACY				
10 K	IN h	1 Z = 1	PD I		LTEBRIN				
160. WAS DEC	EASED EVER IN U.S. ARMED	OR DATES)	3.	524 S. GADDRESS N	MEADONLA				
n	0	214-01-	Obs3 BEATRI	CERZEPA WE	STMINSTER				
18. CAL	ISE OF DEATH (Enter only on	e cause per line for (a), (b), and (c).)		#429	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
PAR	T I DEATH WAS CAUSED BY:	AUSE (a) ARTERIO SCI E	ROTIC CARDIO V		MANY YEARS				
4	292	DUE TO, OR AS A CONSEQUENCE C		10002111					
	nditions, if any, which	(b)							
cau	ise (a) stating the <u>under</u> -	DUE TO, OR AS A CONSEQUENCE C	OF.						
lyin	g cause last.	(c)							
	HER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN PART	1 (0).					
19a. DA									
3 19a. DA	TE OF OPERATION	19b. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED?		20 AUTOPSY?				
<u> </u>					YES 🔀 NO 🗌				
	ERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PART 1 C	DR PART 2)				
S CONTR	LYING OR IBUTING CAUSE OF DEAT	TH P.M. 19							
ш	URY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
₹ WHILE AT WO	RK NOT WHILE	The state of the s		CITI ON TOTTI	JIMIE				
220	certify that I taak charge of	the remains described above, held an	Autapsy X. Inspection	X, Inquiry , and in m	y apinian				
	resulting from Natural ca	M	cide . Hamicide .	Undetermined manner .	, opdi				
dealli	(2	7/ Accident L., Son	TITLE (SPECIFY)	One of the latest the					
ACTUAL		(1) Sixon	- MD DEPUTY	MEDICAL EXAMINER SK	TE May 21, 19.				
9,180,101	1		, M.O.		SINED				
	R PRINT)	RD W. DITTO III M.	DADDRESS217	W. WASHINGTON ST	REET				
	REMATION, REMOVAL 236. D	ATE 234. NAME OF CEN	ETERY OR CREMAJORY	23d. LOCATION	COUNTY CARORATA				
BUK	21AL m.	AY23 DUNNIN	VILLER EMET	MY NY NESTMA					
24. FUNERALI	DIRECTOR 1	ADDRESS AUGST	250. DATE RE	C'D. BY REGISTRAR 256. REGISTRAR					
Rus	of delite	& 34/Myole an	e 17340 MA	v 2 7 1980 traff	ray / Fre Useday				

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